Application for A.B.L.E. Ministries Outreach

Location: Cojutepeque, El Salvador Date: February 20 - 27/28, 2027

Cost: $TBD/person w/departure Saturday Feb 20. Additional cost for cultural day w/departure Sunday Oct 28 : ~$TBD/person PLUS the cost of airfare, luggage and $0 Visa fee

Name:_____
Sex: M ____ F____ Age: _____ Date of Birth:_____
Address:_____
_____
Email: _____ Phone:_____

Emergency Contact:

Name:_____ Relationship: _____
Address:_____
_____
Email: _____ Phone: _____

Personal Information:

Are you a U.S. citizen? Yes ____ No ____ Do you have a current passport? Yes ____ No ____ Please list all other previous cross-cultural experiences both inside and outside the US: (mission trips, employment, etc.)_____
_____
_____
Languages spoken (other than English)_____
Please list any dietary restrictions and/or allergies that you have to food or medication_____
_____
_____
Do you have any chronic physical ailment or disability? Yes ___ No ___ If you answered yes to the above question, please explain:
_____

_____

_____
Do you regularly use prescription medication? Yes ____ No ____ If yes, please list your medications: _____
_____
_____

_____

_____

What happens if you miss your medication?_____

_____

_____

T-shirt size: _____ Church: _____

Please tell us why you are interested in serving with A.B.L.E.:_____

_____

_____

I will be attending until _____ Saturday Oct 19 OR _____ Sunday Oct 20

Release of Liability:

I, _____ hereby release A.B.L.E. Ministries from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with A.B.L.E. Ministries.

Applicant Signature: _____ Date:_____

Photo Release:

I, _____ hereby grant A.B.L.E. Ministries permission to use my likeness in a photograph and grant an exclusive, royalty-free and irrevocable right to publish, print, edit or otherwise use such likeness in any of its publications, including website entries, without payment or any other consideration.

Applicant Signature: _____ Date: _____

Consent for Treatment:

In case of emergency, I _____ hereby accept full responsibility for any medical expenses incurred during my time in El Salvador with A.B.L.E. Ministries.

Applicant Signature: _____ Date: _____

Return by email to: ableministriesohio@gmail.com *OR mail:* 9848 US Highway 22 & 3, Clarksville OH 45113