MEDICAL MISSION TO YEAR	
MEMBER NAME:	-
Please provide your comments on the topics below with the intent of improving ture missions and sharing your insights! Any comments are welcome! front and back)	ng
lission Team	
eadership	
Organization	
eam Relationships	
Communication	
)ther	
lission Logistics	
rip Duration	
ir and Ground Transportation	
odging	
ood and Water	
ocal Missionaries / Helpers	
Other	
lission Impact	
Clinic Flow	
ssignment of Roles	
lumber of Clinic Days & Length of Daily Outreach	
Other ministries you were involved in (eg: children's outreach, crafts, manual labor, etc)	
ocal Medical Professional Contacts	
estimonies / Spiritual Emphasis	
Other	

experiences while on this medical mission. Please take your time in completing this form and return it to your team leader before your mission ends. Mahalo!
1. What is the highlight or the most memorable experience you've had?
2. How have you changed as a result of your experiences on this mission?
3. What have you learned about who God is by being on this mission?
4. What vision or desire do you have, if any, regarding future involvements with medical missions?
5. Given what you've experienced on this mission, would you have wanted to have some of your colleagues with you? Why or why not?

The following questions are meant to help you process and summarize your