

Mission Outcome Form

Mission Leaders' Feedback	Response
Names:	
Date This Form Completed/Updated	
Date of Mission	
Total Hours that team volunteered	
The Team's Experience? (1=Not Very Good; 5=Fantastic)	
Should We Do This Type Mission Again? (1=No Way; 5=Absolutely)	
Was the Mission Partner Organized? (1=Not Very Organized; 5= Seamless)	
Volunteers adequately trained for the Mission? (1=Definitely Not (explain answer below 3 in improvement); 5=Absolutely)	
Enough Volunteers for the Mission? (1= Not Enough (explain an answer other than 3 in improvement); 3= Just Right; 5= Too Many)	
Was the Mission Adequately Resourced? (1=No (explain answer below 5 in improvement); 5= Yes)	
Approximately How Many People Do You Believe Were Helped During the Mission?	
How Many People Were Saved During the Mission?	
How Did Your Team Experience God During the Mission?	
How Did Your Team Witness to Answered Prayer(s) During the Mission?	
What Went Well During the Mission?	
What Could Be Improved?	