name _____

brown horse
PROJECTS

Brown Horse Projects exists to cultivate healing, dignity, and beauty among people in need by sharing the gospel of Jesus and providing hands-on medical care.

brownhorseprojects.org

Mission Trip Application // 2026-2027

Check trip(s) of interest and availability.

- ☐ fall > 9/27 - 10/3/26
- ☐ winter > 2/20 - 2/27/27
- ☐ summer > 7/31 - 8/14/27
- ☐ fall > 9/25 - 10/3/27

Before You Apply

EVERYTHING YOU NEED TO KNOW BEFORE SUBMITTING YOUR APPLICATION

Serving on a mission team is both a privilege and a commitment. This overview explains the application process, deadlines, financial responsibilities and next teps. Additional travel, cultural, medical and logistical informatio will be covered during required team meetings.

timeline and deadlines

120+ Days Before Departure // We encourage you to begin preparing as early as possible.

- ☐ Prayerfully consider your participation and seek God's direction.
- ☐ Discuss the trip with your spouse, family, employer, or school.
- ☐ Verify that your passport will remain valid for at least six months beyond your return date.
- ☐ Schedule your physical or travel medicine appointment with your physician.
- ☐ Begin any recommended immunizations or travel medications.
- ☐ Begin fundraising (if applicable).
- ☐ Submit your application as soon as it is complete.

90 Days Before Departure //

- ☐ Completed Mission Trip Application Due, includes:
  - ☐ Passport copy
  - ☐ Recommendation Form
  - ☐ Physician clearance and recommended immunizations
  - ☐ $100 Participant Commitment Deposit

**Applications submitted fewer than 90 days before departure may be considered on a case-by-case basis, depending on available space and travel arrangements.*

60 Days Before Departure //

- ☐ $1,400 Initial Trip Payment Due
- ☐ Team Meeting (meet teammates, review travel information, discuss expectations, prepare spiritually and practically)

30 Days Before Departure //

- ☐ Trip Balance Due (total cost dependent on flights)

7–14 Days Before Departure //

- ☐ Team Meeting (review final travel information, distribute supplies, answer remaining questions, and pray together before departure)

financial commitment

Standard mission trip cost with Brown Horse Projects is $1,500 plus airfare. This includes lodging, meals, in-country transportation, medical and ministry supplies, interpreters, international travel and emergency medical evacuation insurance, and other mission-related expenses. Depending on team size and project scope, additional fundraising for ministry supplies may be requested.

Airline costs fluctuate. Partipant flights will be booked upon receipt of the Initial Trip Payment and Board of Directors' approval of completed application. Participants who withdraw interest after Brown Horse Projects has incurred non-refundable expenses on their behalf will be responsible for unrecoverable costs associated with their participation.

The $100 Participant Commitment Deposit will be refunded in full if we are unable to offer you a position on the team. If accepted, the deposit will be applied toward your total trip cost. If you voluntarily withdraw after acceptance, the deposit is non-refundable.

Payments can be made via check payable to Brown Horse Projects, PO Box 283, Canfield, Ohio 44406, by Venmo @brownhorseprojects, or by credit credit card and PayPal at brownhorseprojects.org/donate. Select "cover processing fees" when paying online.

questions?

We're here to help!

If you have any questions, please call (330) 406-9020 or email connect@brownhorseprojects.org. Additional information can be found at brownhorseprojects.org.

Application Checklist

pg 03 ☐ Signed Mission Trip Covenant & Participation Understanding
pg 04 ☐ Signed Mission Trip Application
pg 05 ☐ Written Interest & Testimony *(returning team member do not need this page)*
pg 06 ☐ Signed Liability Agreement
pg 07 ☐ Signed Physical Form
pg 08 ☐ Signed Travel Health Acknowledgement
pg 09 ☐ Emergency Medical Authorization
pg 10 ☐ Personal Reference *(returning team member do not need this page)*
pg 11 ☐ Medical Volunteer Supplement Form *(for team members anticipating serving in a healthcare role)*
☐ Copy of Passport
☐ $100 Participant Commitment Deposit

send to:
Brown Horse Projects
PO Box 283
Canfield, Ohio 44406

Mission Trip Covenant & Participation Understanding

Thank you for your willingness to serve the Lord alongside the Brown Horse Projects' team. In preparation for this experience we ask that you seriously review, consider and commit to the following covenants.

I will...

[TEAM COVENANT]

- Comply with all team travel arrangements and travel with the team unless other arrangements are approved.
- Treat team members and hosts with respect, listen well, value differing perspectives, and encourage unity.
- Build relationships with the entire team rather than limiting myself to a small group.
- Attend and actively participate in all required pre and post-trip meetings.
- Respect the confidentiality of personal information and discussions shared within the team.

[PERSONAL COVENANT]

- Remember that I represent Brown Horse Projects and, above all, Jesus Christ in my words, actions, and attitude.
- Place the mission of serving Christ and others above my personal preferences or comfort.
- Maintain a teachable spirit and support the leadership of Brown Horse Projects.
- Pray regularly for my teammates, leaders, hosts, and those we will serve.
- Speak with encouragement, avoiding gossip, criticism, and divisive behavior.
- Refrain from drunkenness, drugs, immoral behavior, and conduct that would compromise my witness.
- Avoid behavior that could be interpreted as pursuing a romantic relationship with a national or ministry partner.

[CULTURAL SENSITIVITY]

- Come with a humble spirit, seeking to learn as well as to serve.
- Respect cultural differences and expressions of the Christian faith.
- Dress modestly and follow Brown Horse Projects' guidelines regarding clothing, luggage, and belongings.

[SAFETY & PROFESSIONALISM]

- Follow the directions of team leaders regarding safety, transportation, lodging, and ministry activities.
- Remain with the team unless specifically authorized by a team leader.
- Demonstrate flexibility and a positive attitude when schedules or plans change.
- Conduct myself professionally during clinics, ministry activities, worship services, and all trip events.
- Protect the dignity, privacy, and confidentiality of every person we serve.

[PHOTOGRAPHY, TECHNOLOGY & SOCIAL MEDIA]

- Use electronic devices and social media responsibly to support and reflect the values of the mission.
- Obtain permission before photographing patients or other vulnerable individuals whenever appropriate.
- Never share confidential or personally identifiable patient information.
- Avoid posting photographs, videos, or comments that could exploit, embarrass, misrepresent, or diminish someone.

PARTICIPANT COMMITMENT

I have prayerfully considered my participation with Brown Horse Projects' mission teams and understand that, if accepted, I am expected to abide by this Mission Trip Covenant throughout the mission experience. I understand that failure to comply with these expectations may result in dismissal from the team at the discretion of leadership.

Participant Signature: _____ Date: _____

Printed Name: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT **required for participants under 18 years of age*

I have reviewed this Mission Trip Covenant with my child, understand the expectations of participation, and support my child's commitment to serve as a member of the Brown Horse Projects' mission team.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

Mission Trip Application

Name: _____ _____ _____
FIRST MIDDLE INITIAL LAST

Address: _____ City/State/Zip: _____

Phone: _____ _____ _____
CELL HOME WORK

Email Address: _____

Birth Date (Month/Day/Year): _____ Birth Place: _____

If not a U.S. citizen, list citizenship country: _____

Passport Number: _____ Passport Expiration Date: _____

Known Traveler Number - Global Entry, Nexus, Sentri, TSA PreCheck (if available): _____

Marital Status: _____ If married, spouse's name: _____

Home Church Name: _____ Church City/State: _____

Pastor: _____ How long have you attended? _____

Occupation: _____ Employer or School: _____

Do you anticipate serving in a healthcare role during this trip? ☐ Yes ☐ No
If yes, please complete the Medical Volunteer Supplement

Have you ever traveled internationally before? ☐ Yes, _____ 1-3 times; _____ 4-9 times; _____10+ times ☐ No

If yes, which countries have you visited? _____

Do you speak any foreign languages? ☐ Yes, please describe ☐ No

LANGUAGE	BASIC	CONVERSATIONAL	FLUENT
Spanish	☐	☐	☐
Haitian Creole	☐	☐	☐
French	☐	☐	☐
Other	☐	☐	☐

_____

Do you have any previous mission trip experience? ☐ Yes, _____ 1-3 trips; _____ 4-9 trips; _____10+ trips ☐ No

Have you been a part of a Brown Horse team before? ☐ Yes, if so which years? _____ ☐ No

What would you consider to be your personal strengths? _____

_____

_____

What would you consider to be your personal weaknesses? _____

_____

_____

List any specials skills, certifications, service projects, work history, licenses, hobbies, or experiences that you feel may be helpful during this mission. _____

_____

_____

_____

Is there anything else you'd like us to know? _____

_____

_____

_____

Interest & Testimony

How did you hear about Brown Horse Projects? _____

What is your interest/goal in going on a mission trip with Brown Horse Projects? _____

What do you hope God will teach you through this mission experience? _____

Please share your story of faith, your testimony (or attach). 1 Peter 3:15

Liability Agreement

In applying to participate in a mission trip with Brown Horse Projects, I voluntarily enter into this Agreement and acknowledge the following:

ASSUMPTION OF RISK

I understand that participation in an international mission trip involves inherent risks that cannot be completely eliminated and assume all risks associated with my participation. These risks may include, but are not limited to:

- International and domestic travel
- Political or civil unrest
- Infectious diseases
- Physical injury
- Limited access to medical care
- Motor vehicle transportation
- Natural disasters
- Food- and water-borne illness
- Medical emergencies
- Death

RELEASE OF LIABILITY

To the fullest extent permitted by law, I release and forever discharge Brown Horse Projects and its directors, officers, employees, volunteers, ministry partners, team leaders, agents, and representatives from any and all claims, demands, causes of action, damages, losses, or liabilities arising out of or relating to my participation in the mission trip, including claims for personal injury, illness, death, or property damage, except to the extent prohibited by applicable law.

INDEMNIFICATION

I agree to defend, indemnify, and hold harmless Brown Horse Projects, its officers, directors, employees, volunteers, ministry partners, and agents from any claims, liabilities, damages, expenses, or attorney's fees arising from my actions or omissions during the mission trip.

FINANCIAL RESPONSIBILITY

I acknowledge that I have reviewed the Before You Apply document and understand the application deadlines, payment schedule, Participant Commitment Deposit, and financial policies. I understand that Brown Horse Projects incurs expenses before departure, including airline tickets, travel insurance, emergency medical evacuation insurance, ministry support, lodging, transportation, and medical supplies. If I withdraw after Brown Horse Projects has incurred non-refundable expenses on my behalf, I understand that I may be responsible for those unrecoverable costs. I further agree to pay any outstanding balance owed to Brown Horse Projects upon request. I understand that all application fees and contributions are non-refundable and non-transferable.

MEDIA RELEASE

I grant Brown Horse Projects permission to use photographs, video, audio, written testimony, and other media captured during the mission trip for ministry, educational, fundraising, and promotional purposes without compensation. Brown Horse Projects will seek to use such media in a manner consistent with its Christian mission while respecting human dignity and privacy.

PARTICIPANT CERTIFICATION

I certify that all information provided in my application is true, complete, and accurate to the best of my knowledge. I certify that I have read this Agreement, reviewed the Mission Covenant and Before You Apply information, had the opportunity to ask questions and seek legal counsel, and voluntarily agree to these terms. I have read and understand this Agreement, voluntarily signed it, and understand that it is legally binding upon me and my heirs, executors, administrators, assigns, and legal representatives. This Agreement shall be governed by the laws of the State of Ohio.

Participant Signature: _____ Date: _____

Printed Name: _____

PARENT/GUARDIAN CERTIFICATION **required for participants under 18 years of age*

I certify that I am the parent or legal guardian of the above-named participant. I have read this Agreement, have had the opportunity to ask questions and seek independent legal counsel, understand its terms, and consent to my child's participation subject to the conditions of this Agreement.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

Physical Form

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Temp: _____ BP: _____ Pulse: _____ Resp: _____

Allergies (medications, foods, insect stings/bites, latex, environmental, or other) : _____

_____

Please check if any of the following medical conditions are present:

- ☐ allergies
- ☐ arthritis
- ☐ asthma
- ☐ back or neck problems
- ☐ bleeding disorders
- ☐ diabetes
- ☐ other: _____
- ☐ other: _____
- ☐ dietary restrictions
- ☐ fibromyalgia
- ☐ gastrointestinal disorders
- ☐ glaucoma
- ☐ hearing/vision problems
- ☐ heart disease
- ☐ hypertension
- ☐ hypoglycemia
- ☐ mental health condition
- ☐ migraines
- ☐ mobility or physical limitations
- ☐ obesity
- ☐ seizures

Medications *(list any medications patient is current taking)*: _____

_____

_____

EXAM *(check if normal or explain if findings):*

- ☐ ENT _____
- ☐ Lungs _____
- ☐ Heart _____
- ☐ Abd _____
- ☐ other: _____

Blood Type *(if known)*: _____

- ☐ Neuro _____
- ☐ Musculoskeletal _____
- ☐ Psych _____
- ☐ Skin _____
- ☐ other: _____

IMMUNIZATIONS

Tdap: _____ Typhoid: _____ Hep A #1: _____ #2: _____

TRAVEL HEALTH REVIEW *(check as reviewed with participant)*:

- ☐ Routine immunizations
- ☐ Preventive medications (if indicated)
- ☐ Insect-bite prevention and vector-borne disease prevention
- ☐ Current CDC Traveler's Health recommendations for the destination country
- ☐ Destination-specific vaccines (if indicated)
- ☐ Food and water safety precautions
- ☐ Other: _____

PHYSICIAN MEDICAL CLEARANCE

Based on my medical evaluation, including a review of medical history, current medications, allergies, physical examination, and destination-specific travel health needs, I have assessed this participant's medical fitness to safely participate in an international mission trip that may include:

- Commercial air travel
- Carrying luggage and ministry supplies
- Working in hot and humid environments
- Standing for prolonged periods
- Walking several miles daily
- Navigating uneven terrain
- Long workdays
- Limited medical resources

- ☐ **Medically cleared without restrictions**
- ☐ **Medically cleared with considerations** *denote below*
- ☐ **Not medically cleared for participation**

_____

_____

EMERGENCY CONSIDERATIONS

Are there any medical conditions, medications, allergies, medical equipment, or other considerations that Brown Horse Projects leadership should be aware of to appropriately support this participant or respond to a medical emergency? _____

_____

PHYSICIAN CERTIFICATION

I certify that I have evaluated this participant and completed this form to the best of my knowledge.

A current medication list, allergy list, immunization record, and/or problem list from the participant's medical record may be attached to this form.

Physician Signature: _____ Printed Name: _____

Phone: _____ Date: _____

Travel Health Acknowledgement

TRAVEL HEALTH REVIEW

Participants are responsible for reviewing current CDC Traveler's Health recommendations before their medical appointment and again before departure if guidance changes. Current CDC Traveler's Health recommendations can be found at these site:

Dominican Republic	https://wwwnc.cdc.gov/travel/destinations/traveler/none/dominican-republic
Haiti	https://wwwnc.cdc.gov/travel/destinations/traveler/none/haiti

PARTICIPANT ACKNOWLEDGEMENT *(initial each statement):*

_____I have reviewed the CDC Traveler's Health information for the destination country.

_____I understand that the CDC guidance may include recommendations regarding routine immunizations, destination-specific vaccines, preventive medications, food and water safety, insect-borne illnesses, animal-related risks, and other travel-related health precautions.

_____I understand that travel health recommendations vary based on medical history, age, planned activities, itinerary, and current public health conditions, and have discussed them with my healthcare provider.

_____ I understand that travel health recommendations may change before departure. If Brown Horse Projects communicates updated travel health information before the trip, I agree to review those updates and discuss them with my healthcare provider if appropriate.

PHYSICAL REQUIREMENTS

International mission trips can be physically demanding. Participants should carefully consider whether they can safely participate in the activities listed below.

- Commercial air travel
- Carrying luggage and ministry supplies
- Working in hot and humid environments
- Standing for prolonged periods while serving in clinics or ministry activities
- Limited access to medical care
- Walking several miles daily
- Navigating uneven terrain
- Long workdays

PARTICIPANT CERTIFICATION

I certify that I have reviewed the information contained in this Travel Health Acknowledgment, completed my medical evaluation, and reviewed the destination-specific travel health recommendations with my healthcare provider.

I have had the opportunity to ask questions regarding my health, recommended immunizations, preventive medications, food and water precautions, insect-borne illness prevention, and other destination-specific travel health recommendations applicable to my destination and personal health.

I understand that participation in this trip is voluntary and I am responsible for following the recommendations of my healthcare provider. I understand that choosing not to follow these recommendations may increase my risk of illness or injury during international travel.

Participant Signature: _____ Date: _____

Printed Name: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT **required for participants under 18 years of age*

I acknowledge that I have reviewed the information contained in this Travel Health Acknowledgment with my child, reviewed the destination-specific travel health recommendations with my child's healthcare provider, and have had the opportunity to ask questions regarding my child's health and participation in this trip.

I understand that following the recommendations of our healthcare provider is intended to reduce the health risks associated with international travel. I understand that decisions regarding my child's healthcare remain my responsibility and that choosing not to follow these recommendations may increase my child's risk of illness or injury during the mission trip.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

Emergency Medical Authorization

Participant Name: _____ Date of Birth:_____

Country(s): _____ Trip Dates: _____ - _____

Team Leader(s): _____

Emergency Contact (1) Name:_____ Relationship: _____

Phone: _____ _____ Email: _____
PRIMARY ALTERNATE

Emergency Contact (2) Name:_____ Relationship: _____

Phone: _____ _____ Email: _____
PRIMARY ALTERNATE

I, _____ authorize Brown Horse Projects, its team leaders, volunteers, agents, and designated representatives to obtain emergency medical evaluation, treatment, hospitalization, surgery, anesthesia, diagnostic testing, transportation, or other medical care deemed reasonably necessary by licensed healthcare professionals if I become ill or injured during this mission trip and my emergency contact cannot be reached in a timely manner. Reasonable efforts will be made to contact my emergency contact before treatment whenever circumstances permit. This authorization shall remain in effect only for the mission trip identified above unless revoked in writing before departure.

(initial each statement)

_____ **Medical Information Authorization**
I authorize physicians, hospitals, emergency medical personnel, insurance providers, and other healthcare professionals involved in my care to release and exchange medical information reasonably necessary for my evaluation, treatment, medical evacuation, insurance claims, or continuity of care during this mission trip.

_____ **Emergency Medical Evacuation**
I understand that Brown Horse Projects provides international travel insurance and emergency medical evacuation coverage for participants during this mission trip. If medically necessary, I authorize Brown Horse Projects, its travel insurance provider, emergency assistance provider, and treating medical professionals to coordinate emergency medical evacuation or repatriation as deemed medically appropriate.

_____ **Financial Responsibility**
I understand that Brown Horse Projects provides international travel insurance and emergency medical evacuation coverage; however, I remain financially responsible for any medical expenses not covered by applicable insurance.

_____ **Accuracy of Information**
I certify that all information I have provided throughout this application is true, complete, and accurate to the best of my knowledge.

_____ **Reliance on Information Provided**
I understand that Brown Horse Projects will rely upon the information contained in this application when planning the mission trip and responding to any medical emergency that may occur.

_____ **Medical Disclosure**
I understand that failure to disclose significant medical information may increase the risk of illness or injury to myself or others during the mission trip.

_____ **Acknowledgment of Risk**
I understand that international mission travel involves inherent risks and that Brown Horse Projects cannot guarantee my safety despite careful planning, participant preparation, physician medical clearance, and Brown Horse Projects' purchase of international travel and emergency medical evacuation insurance.

Participant Signature:_____ Date:_____

PARENT/GUARDIAN AUTHORIZATION **required for participants under 18 years of age*

I certify that I am the parent or legal guardian of the above-named participant and authorize the emergency medical treatment described in this Emergency Medical Authorization.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

Personal Reference

Provide this form to an adult (not a family member) who knows you well. Your responses are confidential and will help us evaluate this applicant's readiness for international mission service.

Applicant Name:_____ Phone:_____

Reference Name:_____ Phone:_____

Email Address: _____ Relationship to Applicant: _____

Thank you for serving as a reference.

Brown Horse Projects values Christian character, integrity, humility, servant leadership, emotional maturity, and the ability to work well as part of a team. Your honest evaluation will assist us in determining whether this applicant is well suited for participation on an international mission trip.

Your responses will remain confidential and will be carefully considered as part of our application review process. We appreciate your thoughtful and timely completion of this form. Please send completed reference to Brown Horse Projects at PO Box 283, Canfield, Ohio 44406 or via email connect@brownhorseprojects.org.

1. How long have you known this applicant, and in what capacity?_____
2. How well do you know him/her? ☐ by name/acquaintance ☐ casually ☐ fairly well ☐ very well
3. Please evaluate the applicant in the following areas:.

CHARACTERISTIC	NEEDS IMPROVEMENT	SATISFACTORY	GOOD	EXCELLENT	N/A	HAVE CONCERNS IN THIS AREA
Christian character	☐	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐	☐
Emotional maturity	☐	☐	☐	☐	☐	☐
Spiritual maturity	☐	☐	☐	☐	☐	☐
Flexibility/Adaptability	☐	☐	☐	☐	☐	☐
Servant attitude	☐	☐	☐	☐	☐	☐
Jugement	☐	☐	☐	☐	☐	☐
Works well with others	☐	☐	☐	☐	☐	☐
Respects leadership	☐	☐	☐	☐	☐	☐
Leadership ability	☐	☐	☐	☐	☐	☐

4. How does this applicant typically respond to stress, fatigue, changing plans, or challenging circumstances?

_____

_____

5. Do you have concerns regarding the applicant's motivation for participating? ☐ Yes, please explain ☐ No

_____

_____

6. To your knowledge, do you have concerns regarding substance misuse or other behaviors that could negatively affect participation on an international mission trip? ☐ Yes, please explain ☐ No

_____

_____

7. Would you trust this applicant to represent your church, ministry, or organization on an international mission trip?
   ☐ Yes ☐ Yes, with minor reservations: _____
   ☐ No, please explain: _____
8. Is there anything else you believe we should know before making a decision regarding this applicant?

_____

_____

9. Overall recommendation:
   ☐ Strongly recommend
   ☐ Recommend
   ☐ Recommend with reservation
   ☐ Unable to recommend

Reference Signature:_____ Date:_____

Medical Volunteer Supplement Form

Required only for applicants who anticipate serving in a healthcare role during the mission trip, this form helps us appropriately assign clinical responsibilities, educational opportunities, and team roles.

Applicant Name: _____

Mission Trip (Country/Year):_____

PROFESSIONAL INFORMATION

Professional Status:
- ☐ Licensed Healthcare Professional
- ☐ Healthcare Student
- ☐ Allied Health Professional
- ☐ Other Healthcare Volunteer: _____

Profession:_____ Years in Practice (if applicable):_____

Specialty (if applicable):_____ Subspecialty (if applicable): _____

Current employer, practice or school: _____

Current position, training level, or year in school:_____

Licensure (if applicable): _____ _____ _____
PROFESSIONAL LICENSE NUMBER (IF APPLICABLE) STATE OF LICENSURE LICENSE EXPIRATION

Certifications *(check all that apply)*:

☐ BLS	☐ ACLS	☐ PALS
☐ NRP	☐ ATLS	☐ Board Certified

Clinical Skills *(check all that apply)*:

☐ Primary Care	☐ Emergency Medicine	☐ Pediatrics	☐ Women's Health
☐ Surgery	☐ Orthopedics	☐ Behavioral Health	☐ Pharmacy
☐ Physical Therapy	☐ Dentistry	☐ Optometry	☐ Wound Care
☐ Ultrasound	☐ Procedures	☐ Other: _____	

SCOPE OF PARTICIPATION

How do you anticipate serving during this mission trip? *(check all that apply)*

☐ Direct Patient Care	☐ Student Learner	☐ Education / Teaching
☐ Public Health	☐ Pharmacy	☐ Physical Therapy
☐ Administrative Support	☐ Other: _____	

Please list any additional clinical, teaching, leadership, language, technology, construction, or ministry skills that may be helpful during this mission trip. _____

_____

Which best describes your comfort level working in resource-limited environments?
☐ No prior experience ☐ Some experience ☐ Extensive experience

Would you be willing to supervise healthcare students during the mission trip (if applicable)?
☐ Yes ☐ No ☐ Not Applicable

Is there anything else about your professional background, experience, or interests that would help Brown Horse Projects utilize your gifts and skills during this mission trip? _____

_____

_____

_____

Applicant Signature:_____ Date:_____