

STRATEGY QUESTIONNAIRE FOR MISSIONARIES

NAME:

DATE:

CHILDREN (include ages):

FIELD ADDRESS:

Field Phone:

Fax:

Email:

MISSION ADDRESS:

Mission Phone:

Fax:

Email:

DATE you began your MISSIONARY SERVICE:

DATE you began receiving SUPPORT FROM OUR CHURCH:

DATE you next plan to be in OUR AREA:

1. To which PEOPLE GROUPS do you or your field team primarily minister:
(for those working cross-culturally, please indicate name, and if known, size and location):

2. Indicate the percentage of time you spend in each of the following ministries:

church planting	_____	evangelism	_____
teaching	_____	administration	_____
discipleship	_____	leadership training	_____
other:			
_____	_____	_____	_____

3. Approximately what percentage of your total financial support comes from our church's missions giving and from individual members or attenders of our church?

from the Church _____ from individuals within our church _____

4. Please name the people whom you consider your closest friends at our church and who pray for you faithfully.

Please Return TO:
(Address)

MISSIONS STRATEGY QUESTIONNAIRE

Source: Developing a Church Based Missions Strategy: Tom Horn appendix 1