

Presbytery of Los Ranchos Mission Questionnaire

Name of Church _____

Person Completing Form _____ Today's Date _____

Email _____ Phone _____

Name and title of **pastor or staff person** most responsible for mission:

Email _____ Phone _____

Name of **elder on session** most responsible for mission:

Email _____ Phone _____

Name **lay person** most responsible for mission:

Email _____ Phone _____

Do you have a Mission Commission / Committee / Ministry Team? Yes No

Does your Mission Commission/Committee/Team also handle local mission? Yes No

What percent of your budget goes to mission? _____ %

Do you have a mission emphasis weekend or month? Yes No

Does your church participate in mission trips? Yes No

Do you have a questionnaire for evaluating missions you support? Yes No

How frequently do you evaluate your missions? _____

What criteria do you use to evaluate mission? **Please use other side of this paper.**

What percent of your mission budget goes to Local Mission _____% International Mission _____%

What percentage of your mission work is hands-on _____%

Do you support mission co-workers or missionaries financially? Yes No

Please list the them on the other side of this paper.

Criteria for Evaluating Mission

Name of Mission Co-Workers / Missionaries Place of Service Sending Organization
