Deputation Questionnaire

Name: _____

Phone: _____

Email: _____

Mission Field: _____

Mission Board: _____

Home/Sending Church: _____

Marital Status: _____ No. of children: _____

Time on Deputation: _____ % of Support: _____

Date	Contact made
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Projected Leave Date: _____

College: _____

Experience: _____

Ministry Focus: _____

Misc. Notes: _____

_____

_____

_____