

Deputation Service Evaluation

In an effort to help improve the service of World Mission to the local church and the missionary, please complete and return this evaluation form to the address below. Please note that only the World Mission Deputation Secretary and the missionary receive this information. Please send any comments you may have regarding district scheduling or procedures to your District NMI President.

Missionary Name: _____

Country: _____

Date of Service: _____

Type of Service (Faith Promise, etc.): _____

How would you rate the deputation service? Please circle a number.

10 9 8 7 6 5 4 3 2 1
Excellent-----Poor

Missionary Strengths:

Suggestions for Improvement:

Additional Comments:

Were you satisfied with the scheduling assistance provided by the World Mission Deputation Secretary?

- Yes
- No, because _____
- Not applicable because:
 - Service was scheduled through the district
 - Service was scheduled directly with the missionary

Suggestions for Improvement (World Missions):

Please return form to:

Deputations Secretary
World Mission Department
6401 The Paseo
Kansas City, MO 64131