



**OUR LADY OF THE ANGELS REGIONAL FRATERNITY
SECULAR FRANCISCAN ORDER
2010 INITIAL FORMATION SURVEY**

PLEASE COMPLETE THIS SURVEY BY MARCH 1, 2010 AND RETURN BY POSTAL MAIL OR EMAIL TO:
VIRGINIA CHIN, SFO, 518 GREGORY AVENUE, A301, WEEHAWKEN, NJ 07086, EMAIL: CLAREVC@GMAIL.COM

GENERAL INFORMATION

Name of Fraternity: _____
 Location: _____
 Name of person completing this survey: _____
 Office held: _____

FORMATION DIRECTOR

Name of Formation Director (*if not completing this form*): _____
 Mailing address of Formation Director: _____
 City: _____ State: _____ Zip: _____
 Telephone # () _____ Cell Home Work
 E-mail: _____
 # of Years as Formation Director: _____

ORIENTATION

- # of People: _____
 - # of Months: _____
 - Length of class: _____
- Frequency of class: _____

Once a month, etc.

Texts/Materials used: _____

INQUIRER

- # of People: _____
 - # of Months: _____
 - Length of class: _____
- Frequency of class: _____

Once a month, etc.

Texts/Materials used: _____

Inquirer Name(s): _____
 Date Admitted: _____

CANDIDATE

- # of People: _____
 - # of Months: _____
 - Length of class: _____
- Frequency of class: _____

Once a month, etc.

Texts/Materials used: _____

Candidate Name(s): _____
 Date Admitted: _____

Do you require candidates to make a pre-profession Regional Fraternity retreat? ___ Yes ___ No

Comments: _____

