



**OUR LADY OF THE ANGELS REGIONAL FRATERNITY  
SECULAR FRANCISCAN ORDER  
2011 INITIAL FORMATION SURVEY**

IF YOU HAVEN'T DONE SO, PLEASE COMPLETE THIS SURVEY AND RETURN BY POSTAL MAIL OR EMAIL TO:  
VIRGINIA CHIN, SFO, 4332 KISSENA BLVD, APT 16-A, FLUSHING, NY 11355 • 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_