

PRE-VISITATION QUESTIONNAIRE FOR THE LOCAL FRATERNITY

Instructions for Use:

- ❖ *This questionnaire is received from the Fraternal Visitor by the local fraternity's Minister two months prior to the time of visitation.*
- ❖ ***The completion of the questionnaire is meant to be a collaborative efforts accomplished by the entire fraternity council. They may wish to meet together, discuss, and reflect upon the questions and their answers. It is not intended for one person to fill out.***
- ❖ *A copy of the completed questionnaire is to be returned at least three weeks before the date of the visitation to the Fraternal Visitor, who will in turn share its content with the Pastoral Visitor.*
- ❖ *A copy is also to be kept for the records of the local fraternity.*

Date: _____

1. Name of Fraternity: _____

2. Location of Fraternity: _____

3. Members of the Council:

a. Minister: _____

b. Vice Minister: _____

Secretary: _____

Treasurer: _____

Formation: _____

Councilor: _____

4. Number of Members in the Fraternity:

a. Active Professed:

d. Candidates:

b. Excused Members:

e. Inquirers:

c. Inactive (lapsed) Members:

5. Initial Formation

a. What resources do you use for Initial Formation? (list below)

b. Do you have a formation team? (list names of team members)_____

c. When do you hold classes?_____How long is a class?_____

d. What form do the instructions take? Lecture____; Small groups____; PowerPoint____; Reading together_____.

e. How many currently in Orientation?_____Inquiry?____Candidacy?____

6. Ongoing Formation

a. List resources used:_____

b. Who provides ongoing formation for the fraternity?_____

c. What are some of the topics presented? _____

d. How might the quality of ongoing formation be strengthened?

7. Spirituality (Please address the following areas):

a. Common Prayer (How does the fraternity pray together?)

b. Personal spiritual commitment of the members _____

c. The fraternity's embodiment of Franciscan gospel values

8. Describe the fraternity's involvement in the life and activities of the local parish(es) to which its members belong:

9. Apostolate: Does your fraternity have an apostolate which it sponsors?

10. Do you have anyone in your fraternity who would be interested in helping with Regional activities? _____

11. What do you feel is the quality of spiritual assistance provided to the fraternity?

12. Has the fraternity made any efforts toward increasing vocations to the OFS within the Church as a whole?

13. Does the fraternity publish a monthly newsletter and share it with other fraternities?

14. Do you have contact with the Region?_____How can the Regional Council help your fraternity?

15. Are the annual report, Fair Share, and other items asked for by the Regional leadership submitted in a timely fashion?

16. Does your fraternity participate in or send a representative to the annual Chapter of Ministers and Convivenza gatherings of the Region?

17. What efforts or accomplishments is your fraternity particularly proud of?

18. Does your fraternity have any goals it has set for the coming year?

19. What are your major concerns or problems?

20. What questions or issues do you feel that the Fraternal and Pastoral Visitors should address?

TO BE FILLED IN BY FRATERNAL VISITOR ONLY

Date received:

Notes:

Fraternal Visitor Signature:

RETURN TO: Chris Leone, OFS at cleoneofs@gmail.com or by regular mail to 28 Stephen Ter., Parsippany, NJ 07054