

# PROVINCIAL LAY CARMELITE PRE-VISITATION WORKSHEET



CITY: \_\_\_\_\_ STATE (or CANADIAN PROVINCE): \_\_\_\_\_

NAME OF COMMUNITY (LCC): \_\_\_\_\_ LCC # \_\_\_\_\_

PLEASE COMPLETE THIS FORM BY ANSWERING ALL QUESTIONS

## **DIRECTOR INFORMATION: (CURRENT INFORMATION)**

- 1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- 2) Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3) PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Preferred Phone: Home \_\_\_ Cell \_\_\_
- 4) E-MAIL address: \_\_\_\_\_

**IF you, the Director, do NOT have an email**, please provide the name, and email address, of someone in the community (preferably someone on the Council, if possible) who DOES have email and who could receive an email and relay information to you.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- 5) You have been the Director of this community since \_\_\_\_\_(mm/yy)
- 6) Is this your first term as Director? Yes \_\_\_ No \_\_\_  
**IF NO**, how many consecutive terms have you served as Director? \_\_\_\_\_  
(Note: the term of office is 3 years, so if you have served as Director for 12 consecutive years, that would be considered 4 consecutive terms.)
- 7) Immediately before becoming the current Director, did you serve on the Council? Yes \_\_\_ No \_\_\_  
**IF YES**, how many consecutive terms did you serve on the Council? \_\_\_\_\_  
(Note: no matter what role you may have had on the Council, whether as an elected member or in the appointed roles of Formation Director or Secretary or Treasurer or in some combination of those roles you were still part of the Council. As is true for the Director, the term of office is 3 years, so for example, if you have served 15 consecutive years on the Council, whether all in the same role or in different roles, you have served 5 consecutive terms on the Council.)

## **FORMATION DIRECTOR INFORMATION (CURRENT INFORMATION)**

- 1) Name of your community's appointed Formation Director (F.D.): \_\_\_\_\_
- 2) PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Preferred Phone: Home \_\_\_ Cell \_\_\_
- 3) EMAIL address: \_\_\_\_\_
- 4) You have been the F.D. for this community since \_\_\_\_\_ (mm/yy)
- 5) Is this your first term as F.D. for this community? Yes \_\_\_ No \_\_\_  
**IF NO**, how many consecutive terms have you served as F.D.? \_\_\_\_\_  
(see note above at #6 to clarify how to figure out the number of terms)
- 6) Immediately before becoming the current FD, did you serve on the Council (in any capacity)? Yes \_\_\_ No \_\_\_  
**IF YES**, how many consecutive terms did you serve on the Council? \_\_\_\_\_ (see note above at #7)

**LIST ALL OTHER CURRENT COUNCILORS:** indicate next to their name if that person is secretary and/or treasurer:

Name:	Position:

**SPIRITUAL ASSISTANT**

Does the community have an OFFICIALLY APPOINTED **SPIRITUAL ASSISTANT**? Yes \_\_\_ No \_\_\_

**IF YES**, fill in the following:

NAME: \_\_\_\_\_ (preferred) PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Describe in detail the role/functions that your spiritual assistant does for your community:

**THE MONTHLY COMMUNITY MEETING**

How is your Community currently meeting? In Person      Virtually      Not Meeting since COVID

**WHERE** do your monthly community meetings take place?

NAME of the Parish or institution: \_\_\_\_\_

(Complete) ADDRESS: \_\_\_\_\_

**WHEN** do your monthly community meetings take place?

DAY of the month (e.g., 2<sup>nd</sup> Sat., or 3<sup>rd</sup> Sun.): \_\_\_\_\_

HOW LONG is your meeting (from beginning to end)? \_\_\_\_\_

Meeting start TIME: \_\_\_\_\_ Meeting end TIME: \_\_\_\_\_

**WHAT IS THE USUAL AGENDA** FOR THE MONTHLY COMMUNITY MEETINGS? (*Be specific.*)

(Please fill in the following table completely to give a clear idea of the usual agenda for your monthly meetings.)

Time	What is going on?	How long does it last?
(example) 9:00	Opening Prayer – Come, Holy Spirit from CARMEL’S CALL, p.139	3 minutes

Please include any additional info about your monthly community meetings --- either questions, or concerns, or explanations, or any unique elements that will help give a clear picture of your monthly community meetings:

**COMMUNITY LIFE - PARTICIPATION AND COMMITMENT (CURRENT INFORMATION)**

**TOTAL NUMBER OF PEOPLE WHO USUALLY ATTEND THE MONTHLY COMMUNITY MEETINGS:** \_\_\_\_\_  
**Of the total number of people usually in attendance at most meetings, how many are PROFESSED:** \_\_\_\_\_

**Total number of members on your roster who have made their Final Profession:** \_\_\_\_\_

**Number of members who have made their Temporary Profession but not their Final Profession:** \_\_\_\_\_  
List those still in Temporary Profession **AND** the date that they made their Temporary Profession:

<b>Name:</b>	<b>Date of Temporary Profession (mm/yy):</b>

In the last 5 years or so, how many Professed members of the community have died? \_\_\_\_\_

In the last 5 years or so, how many Professed members have become housebound or are in nursing homes and therefore **CAN NO LONGER ATTEND** any meetings? \_\_\_\_\_  
(These members are considered permanently on INACTIVE STATUS WITH GOOD/VALID REASON.)

In the last 5 years or so, how many Professed members have “just stopped” coming to the monthly meetings, or they come only occasionally (like for the Christmas social, or only 2-3 times during the year)? \_\_\_\_\_  
Explain the reasons these individuals have chosen to be inactive by not attending the monthly community meetings regularly.... e.g. formed or joined a new community or transferred to another LCC in the vicinity, or they moved away, or are angry/discontent with the community, or whatever....

Is there any specific situation(s) happening in the community that needs to be addressed immediately?

List 2-3 strengths of the community right now:

List 2-3 challenges/problems facing the community right now:

**ANSWER THESE QUESTIONS ONLY IF THE COMMUNITY IS PART OF AN ESTABLISHED REGION:**

Name of your REGIONAL COORDINATOR (the **RC**): \_\_\_\_\_

Name of your REGIONAL FORMATION COORDINATOR (the **RFC**): \_\_\_\_\_

Do you, as Director and part of the Regional Council, attend/participate in Regional Council Meetings? Yes \_\_\_ No \_\_\_  
WHY or WHY NOT?

Do all or at least most of the members of the community attend/participate in sponsored Regional activities (e.g., retreats, days of recollection, etc.)? Yes \_\_\_ No \_\_\_  
WHY or WHY NOT?

**INITIAL FORMATION -- PHASE 1 and PHASE 2 (CURRENT INFORMATION)**

**PHASE 1 -- (12-month program required as preparation for Reception)**

How is your Phase 1 Formation currently meeting? In Person      Virtually      Not Meeting since COVID

Number of candidates in Phase 1: \_\_\_\_ Does each have a copy of **Phase 1 Candidate book**? Yes \_\_\_ No \_\_\_

Name:	Month & Year began Phase 1	Current Phase 1 Lesson

Name of the person(s) conducting the Phase 1 classes: \_\_\_\_\_

Does this person have a copy of the Phase 1 Candidate's book? Yes \_\_\_ No \_\_\_

AND the accompanying Phase 1 Formator's Guide? Yes \_\_\_ No \_\_\_

Your monthly PHASE 1 Classes are held WHEN: \_\_\_\_\_

WHERE \_\_\_\_\_ and HOW LONG is each class: \_\_\_\_\_

**PHASE 2 -- (24-month program required as preparation for Temporary Profession)**

How is your Phase 2 Formation currently meeting? In Person      Virtually      Not Meeting since COVID

Number of candidates in Phase 2:      Does each have a copy of Climbing the Mountain? Yes \_\_\_ No \_\_\_

Name:	Date of Reception (mm/yy)	Current Phase 2 Lesson

Name of the person(s) conducting the Phase 2 classes: \_\_\_\_\_

Does this person have a copy of Climbing the Mountain? Yes \_\_\_ No \_\_\_

AND the accompanying Phase 2 Formator’s Guide? Yes \_\_\_ No \_\_\_

Your monthly PHASE 2 Classes are held WHEN: \_\_\_\_\_

WHERE \_\_\_\_\_ and HOW LONG is each class: \_\_\_\_\_

Are there questions/concerns about the Phase 1 and/or Phase 2 programs? Yes \_\_\_ No \_\_\_  
(use this space to elaborate)

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**ONGOING FORMATION** (1½ hours of the monthly community meeting; all participate, even Ph.1 and 2 candidates)

TITLE of current book: \_\_\_\_\_

AUTHOR: \_\_\_\_\_ PUBLISHER: \_\_\_\_\_

Length of TIME SPENT DURING THE MEETING for Ongoing Formation: \_\_\_\_\_

When was this book begun to be used as the Ongoing Formation book?      (mm/yy)

What was the title & author of the book being used just before this present book?

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

DESCRIBE the process used; HOW specifically are you “doing” the ongoing formation segment every month in the meeting?

**LEADERSHIP -- The COMMUNITY COUNCIL (CURRENT INFORMATION)**

Are COUNCIL MEETINGS held regularly? Yes \_\_\_ No \_\_\_

**IF YES**, then HOW OFTEN AND WHEN are they held? \_\_\_\_\_

**IF NO**, then why not.... and how is the “business” getting done that pertains to the Council?

Describe/explain how this Council functions in guiding the Carmelite Way of Life for the community:

## **INFORMATION REQUESTED DURING COVID RESTRICTIONS**

Answer the questions below from the perspective of the period of time **COVID** restrictions necessitated by the coronavirus pandemic were in place:

**IF** there are any candidates in Phase 1 and/or Phase 2, describe in detail how or if the formation for these candidates has been continued during this period of time:

Describe any ways in which you and/or the members of the Council and the members at large have developed to help maintain some form of “community-bonding” during this time:

Have you been able to devise and carry out some “virtual” (or otherwise) way that an adapted form of “community meeting” could happen during this time? If so, please describe:

Are there any other events or circumstances of these last few months since March 2020 that you want to express or explain or ask?

Director's Signature:  
(Enter your name)

Date: