



# KNIGHTS TEMPLAR HOLY LAND PILGRIMAGE

## QUESTIONNAIRE FOR MINISTERS / NOMINATION FORM

1. FULL NAME: \_\_\_\_\_

2. HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

3. TELEPHONE: area code (\_\_\_\_\_) home: \_\_\_\_\_ office: \_\_\_\_\_

4. AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Email: \_\_\_\_\_

5. Spouse's name, if married: \_\_\_\_\_ Number of years married: \_\_\_\_\_

6. Children's name(s) and age(s), if any: \_\_\_\_\_

7. HIGHER EDUCATION - give name of school, years attended, and degrees achieved:

8. Type of ordination and name of body conferring ordination (***please attach a copy of your ordination certificate***):

9. Name of Church you currently serve and its complete address (including city, state & zip) and phone:

10. Number of years in **full time** ordained ministry: \_\_\_\_\_

11. List other churches, years served and positions held:

12. Have you ever been to the Holy Land? \_\_\_\_\_ If yes, give the date(s) and the single most inspiring site visited:

13a. Why would you like to visit the Holy Land? \_\_\_\_\_

13b. Upon your return, how might this experience effect your ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Masonic affiliation, if any: \_\_\_\_\_

15. Why did you elect to become a minister? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If invited to visit the Holy Land as a guest of the Knights Templar, would you have to obtain permission from a supervisor or board within your organization? \_\_\_\_\_  
**If yes**, give the name, address and phone number:

17. Are you willing to visit the Holy Land as a guest of the Knights Templar? \_\_\_\_\_

18. Are you willing to visit the Holy Land WITHOUT your spouse (this is not negotiable)? \_\_\_\_\_

19. Are you willing to be a part of a traveling group made up of members of many other denominations? \_\_\_\_\_

20. Do you know of any Knights Templar in your church? \_\_\_\_\_  
If so, please list name(s): \_\_\_\_\_  
\_\_\_\_\_

21. Are you aware of any health problems which would prevent or limit your participation in this strenuous trip? \_\_\_\_\_

22. Do you require medication? \_\_\_\_\_

23. What is the size of your congregation? \_\_\_\_\_

24. Number of ministers serving the congregation: \_\_\_\_\_

25. Do you hold a valid passport for travel to Israel? \_\_\_\_\_  
If no, do you foresee any difficulty in obtaining one? \_\_\_\_\_

26. If chosen, which date in 2011 would you prefer to travel: **Feb. 7 – 17 OR Feb. 21 – March 3?** (circle one)

27. Has your name ever been submitted as a Knight Templar HOLY LAND PILGRIMAGE nominee in the past? \_\_\_\_\_

Minister's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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28. Recommending Commandery: \_\_\_\_\_ Commandery No. \_\_\_\_\_

29. Recommending Commander's Signature: \_\_\_\_\_

30. Recommending Commandery– Contact person for info, details, and arrangements (name, address, phones, email):  
\_\_\_\_\_