



SERVICE PROGRAM PERSONNEL REPORT

Due By:
August 1

JULY 1, TO JUNE 30, IMMEDIATE UPDATE
JULY 1, TO JUNE 30, UPDATE IN JULY

Form (#365) should be completed and forwarded to the Supreme Council Department of Fraternal Services as soon as a majority of your council's Service Program personnel have been appointed. Please understand that it is not necessary for your council to appoint members to fill all of the positions listed below. Because of local circumstances, a council may wish to only appoint the seven directors and perhaps a few chairmen to conduct those programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly to the Department of Fraternal Services.

Please print or type names and membership numbers for those directors and/or chairmen appointed for your council. Failure to include membership numbers will only delay the processing and receipt of special program materials which include **PROGRAM SUPPLEMENT**.

The Service Program Personnel Reporting Form (#365) must be received at the Supreme Council office by **August 1**, in order to attain the first requirement for the **Star Council, Columbian, Father McGivney and Founders' Awards**.

If there are additions or deletions to your listing of Service Program personnel during the fraternal year, please notify the Supreme Council Department of Fraternal Services immediately at: 1 Columbus Plaza, New Haven, CT 06510-3326.

Date _____

Council No. _____

City _____

State or Province _____

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|------------------|-------------------|------------------------------------|-----------|------------|---------|
| CHAPLAIN: | MEMBERSHIP NUMBER | <input type="checkbox"/> Rev. | LAST NAME | FIRST NAME | INITIAL |
| | | <input type="checkbox"/> Rt. Rev. | | | |
| | | <input type="checkbox"/> Most Rev. | | | |
| | | | | | |

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|--------------------------|-------------------|-----------|------------|---------|
| PROGRAM DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
|--------------------------|-------------------|-----------|------------|---------|

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| CHURCH DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| VOCATIONS CHAIRMAN: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| COMMUNITY DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| PRO-LIFE COUPLE: (Husband and Wife) | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME HUSBAND | FIRST NAME WIFE |
|--|-------------------|-----------|--------------------|-----------------|

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|-------------------------|-------------------|-----------|------------|---------|
| HEALTH SERVICES: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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SUBMIT ORIGINAL TO: Supreme Council Department of Fraternal Services
SEND COPIES TO: State Deputy, District Deputy, Council File

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|-------------------------------|-------------------|-----------|------------|---------|
| COUNCIL DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| PUBLIC RELATIONS: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| FAMILY DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| YOUTH DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| COLUMBIAN SQUIRES: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| MEMBERSHIP DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
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| RETENTION CHAIRMAN: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| INSURANCE PROMOTION: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | | | |
| LECTURER: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |

"I hereby certify and affirm that the information provided herein is true and accurate, to the best of my information and belief."

Grand Knight _____
 Name Membership Number 365 1/2001

THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL