



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 _____

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

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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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