



For Supreme Office Use Only

Rec'd \_\_\_\_\_

**Due By:  
AUGUST 1**

The Service Program Personnel Reporting (#365) must be received by the Supreme Council office by **August 1** for the council to be eligible to earn the Star Council Award.

This report can be completed using Member Management as soon as a majority of your council's Service Program personnel have been appointed. It is not necessary for your council to appoint members to fill all of the positions listed below. Due to local circumstances, a council may wish to only appoint the seven directors and a few chairmen to conduct programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly using Member Management.

If completing the paper report, please print or type names and membership numbers for those directors and/or chairmen appointed in your council. Failure to include membership numbers will delay the processing and receipt of special program materials, including Knightline.

If there are additions or deletions to your listing of Service program personnel during the fraternal year, and your council uses Member Management, simply update the member's record accordingly. If your council reports the additions or deletions using the paper form, only complete that information which has changed.

Date \_\_\_\_\_ Council No. \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_

<b>CHAPLAIN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PROGRAM DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>CHURCH DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>VOCATIONS CHAIRMAN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COMMUNITY DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>CULTURE OF LIFE DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>HEALTH SERVICES:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COUNCIL DIRECTOR</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PUBLIC RELATIONS:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

MAIL ORIGINAL TO: Supreme Council, Fraternal Mission Department

MAIL COPIES TO: State Deputy, District Deputy, Council File

(Continued on Reverse)

Available in electronic format at [kofc.org/forms](http://kofc.org/forms)

<b>FAMILY DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>YOUTH DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>COLUMBIAN SQUIRES:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>MEMBERSHIP DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RETENTION CHAIRMEN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>INSURANCE PROMOTION:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>LECTURER:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>CULTURE OF LIFE CHAIR COUPLE: HUSBAND AND WIFE</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	WIFE'S NAME	INITIAL
		EMAIL			