

# Service Program Personnel Report

July 1, 20\_\_\_\_ through June 30, 20\_\_\_\_

Council # \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

**Due By: July 1**

The Service Program Personnel Report (#365) must be received by the Supreme Council by **July 1** for the council to be eligible to earn the Star Council Award. Please complete and submit the report with the council's appointed personnel.

- Strongly consider submitting this report through Member Management for expedited processing. This is the preferred method.
- If filling out this report on paper, be sure to include the accurate membership number for each role.
- **Required roles to be appointed have been designated – Program Director, Family Director, Community Director, Membership Director, Retention Chairman.**
- Changes during the fraternal year should be made using Member Management to update the roles accordingly. If your council uses the paper form, only complete and submit that information which has changed.

<b>PROGRAM DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>FAITH DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>FAMILY DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>COMMUNITY DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>LIFE DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>MEMBERSHIP DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>RETENTION CHAIRMAN REQUIRED</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>INSURANCE PROMOTION</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>VOCATIONS CHAIRMAN</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>HEALTH SERVICES</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL
<b>PUBLIC RELATIONS</b>	MEMBERSHIP NO.	LAST NAME  EMAIL	FIRST NAME	INITIAL

Submit information for your Evangelization & Faith Formation Director [Here](#)

**SEND ORIGINAL TO:** Department of Fraternal Mission (email: [fraternalmision@kofc.org](mailto:fraternalmision@kofc.org))

**SEND COPIES TO:** District Deputy, Council File

Grand Knight

Date

