

# SERVICE PROGRAM PERSONNEL REPORT

JULY 1, 20\_\_ THRU JUNE 30, 20\_\_

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

**Due By: AUGUST 1**

The Service Program Personnel Report (#365) must be received by the Supreme Council office by **August 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.

- Submit 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 correct membership number for each role.
- **Required roles to be appointed have been designated – Program Director, Community Director, Family Director, Membership Director, & Retention Chairman.**
- Changes during the fraternal year can 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	FIRST NAME	INITIAL
		EMAIL		
<b>FAITH DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COMMUNITY DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>FAMILY DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>LIFE DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>MEMBERSHIP DIRECTOR REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
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		EMAIL		
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RETENTION CHAIRMAN REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>INSURANCE PROMOTION</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>VOCATIONS CHAIRMAN</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>HEALTH SERVICES</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PUBLIC RELATIONS</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

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

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

\_\_\_\_\_ Grand Knight

\_\_\_\_\_ Date

