

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.

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

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

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

Grand Knight

Date

