

# Annual Survey of Fraternal Activity

## 20\_\_\_\_ Individual Member Worksheet

### INSTRUCTIONS TO FINANCIAL SECRETARIES/FAITHFUL COMPTROLLERS/BURSARS

**Note: Knights should separate reported assembly activities from their reported council activities.**

Located on the lower portion of this page are individual Member Worksheets to assist you in determining the number of hours of volunteer service expended by members during 20\_\_\_\_.

To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting. This information will assist us in determining the total number of hours of community service volunteered by our members.

### COUNCIL HOURS

#### **Faith Activities** (where applicable) **Hours of Service**

a. Refund Support Vocations Program	
b. Church Facilities	
c. Catholic Schools/Seminaries	
d. Religious/Vocations Education	
e. Prayer & Study Programs	
f. Sacramental Gifts	
g. Miscellaneous Faith Activities	

#### **Family Activities** (where applicable)

a. Food for Families	
b. Family Formation Programs	
c. Keep Christ in Christmas	
d. Family Week	
e. Family Prayer Night	
f. Miscellaneous Family Programs	

#### **Community Activities** (where applicable)

a. Coats For Kids	
b. Global Wheelchair Mission	
c. Habitat for Humanity	
d. Disaster Preparedness/Relief	
e. Physically Disabled/Intellectual Disabilities	
f. Elderly/Widow(er) Care	
g. Hospitals/Health Organizations	
h. Columbian Squires	
i. Scouting/Youth Groups	
j. Athletics	
k. Youth Welfare/Service	
l. Scholarships/Education	
m. Veteran Military/VAWS	
n. Miscellaneous Community/Youth Activities	

#### **Life Activities** (where applicable)

a. Special Olympics	
b. Marches for Life	
c. Ultrasound Initiative	
d. Pregnancy Support	
e. Christian Refugee Relief	
f. Memorials to Unborn Children	
g. Miscellaneous Life Activities	

#### **Other Fraternal Commitments** (where applicable)

Visits to the Sick	
Visits to the Bereaved	
Number of Blood Donations	
Hours of Fraternal Service to Sick/Disabled Member and their Families	

**TOTAL**

### ASSEMBLY HOURS

#### **Faith Activities** (where applicable) **Hours of Service**

a. Refund Support Vocations Program	
b. Church Facilities	
c. Catholic Schools/Seminaries	
d. Religious/Vocations Education	
e. Prayer & Study Programs	
f. Sacramental Gifts	
g. Miscellaneous Faith Activities	

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**TOTAL**

