

# 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.

PROGRAM DIRECTOR <b>REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR <b>REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR <b>REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR <b>REQUIRED</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
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		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RETENTION CHAIRMAN <b>REQUIRED</b>	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](mailto:fraternalmission@kofc.org))

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

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Grand Knight

\_\_\_\_\_  
Date

