



For Supreme Office Use Only

Rec'd _____

Due By:
AUGUST 1, 20__

Form (#365) should be completed and forwarded to the Supreme Council Department of Fraternal Services as soon as a majority of your council's Service Program personnel have been appointed. Please understand that it is not necessary for your council to appoint members to fill all of the positions listed below. Because of local circumstances, a council may wish to only appoint the seven directors and perhaps a few chairmen to conduct those programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly to the Department of Fraternal Services.

Please print or type names and membership numbers for those directors and/or chairmen appointed for your council. Failure to include membership numbers will only delay the processing and receipt of special program materials which include **PROGRAM SUPPLEMENT**.

The Service Program Personnel Reporting Form (#365) must be received at the Supreme Council office by **August 1**, in order to attain the first requirement for the **Star Council, Columbian, Father McGivney and Founders' Awards**.

If there are additions or deletions to your listing of Service Program personnel during the fraternal year, please notify the Supreme Council Department of Fraternal Services immediately at: 1 Columbus Plaza, New Haven, CT 06510-3326.

Date _____ Council No. _____

City _____ State or Province _____

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|---|-------------------|-----------|------------|-------------|---------|
| CHAPLAIN: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| PROGRAM DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| CHURCH DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| VOCATIONS CHAIRMAN: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| COMMUNITY DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| PRO-LIFE COUPLE: Husband and Wife | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | WIFE'S NAME | INITIAL |
| | | EMAIL | | | |
| HEALTH SERVICES: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| COUNCIL DIRECTOR | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |
| PUBLIC RELATIONS: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL | |
| | | EMAIL | | | |

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

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

(Continued on Reverse)

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|-------------------------------|-------------------|-----------|------------|---------|
| FAMILY DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| YOUTH DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| COLUMBIAN SQUIRES: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| MEMBERSHIP DIRECTOR: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| RECRUITMENT COMMITTEE: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| RETENTION CHAIRMEN: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| INSURANCE PROMOTION: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |
| LECTURER: | MEMBERSHIP NUMBER | LAST NAME | FIRST NAME | INITIAL |
| | | EMAIL | | |

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108