



<b>For Supreme Office Use Only</b>
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 **KNIGHTLINE**.

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 \_\_\_\_\_

<b>CHAPLAIN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PROGRAM DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>CHURCH DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>VOCATIONS CHAIRMAN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COMMUNITY DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>CULTURE OF LIFE DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>HEALTH SERVICES:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COUNCIL DIRECTOR</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PUBLIC RELATIONS:</b>	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

Available in electronic format at [www.kofc.org/forms](http://www.kofc.org/forms)

**(Continued on Reverse)**

<b>FAMILY DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>YOUTH DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>COLUMBIAN SQUIRES:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>MEMBERSHIP DIRECTOR:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RECRUITMENT COMMITTEE:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>RETENTION CHAIRMEN:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>INSURANCE PROMOTION:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>LECTURER:</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
<b>CULTURE OF LIFE CHAIR COUPLE: HUSBAND AND WIFE</b>	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	WIFE'S NAME	INITIAL
		EMAIL			