



**Due By:  
AUGUST 1**

Council # \_\_\_\_\_ State or Province \_\_\_\_\_

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.
- It is not necessary for your council to appoint members to fill all of the positions listed below.
- 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	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR	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 CHAIRMEN	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 \_\_\_\_\_ Grand Knight \_\_\_\_\_ Date \_\_\_\_\_