Service Program Personnel Report

		July 1, 20	through June 30, 20	
Council # J		lurisdiction:	risdiction: Due By: July	
The Service Program P Award. Please complete			ed by the Supreme Council by July 1 for the council to be eligible to sappointed personnel.	o earn the Star Council
Strongly consider su	ubmitting this repo	rt through Member M	anagement for expedited processing. This is the preferred method.	
If filling out this report	ort on paper, be su	re to include the accu	rate membership number for each role.	
 Required roles to b Chairman. 	e appointed have	been designated – F	Program Director, Family Director, Community Director, Members	hip Director, Retention
 Changes during the only complete and s 	e fraternal year sho submit that informa	ould be made using Nation which has chang	lember Management to update the roles accordingly. If your counded.	cil uses the paper form,
PROGRAM DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		FMAIL	l .	
COMMUNITY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		FMAII		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED				
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		5444		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
RETENTION CHAIRMAN	MEMBERSHIP NO.	EMAIL LAST NAME	FIRST NAME	INITIAL
REQUIRED	WEWBERSHIF NO.	LAST NAIVIE	FIRST NAIVE	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: De	partment of Fraterna	al Mission (email: fraterr	almission@kofc.org)	
SEND COPIES TO: State	Deputy, District Dep	outy, Council File	Grand Knight	Date