

---

# FORMS TRAINING

COUNCIL FORMS TRAINING



## COUNCIL FORMS FOR THE YEAR

- Report of Officers Chosen for Term – 185
- Service Program Personnel Report – 365
- State Directory Information - <https://kofc-az.org/state-forms%2Freports>
- Family of the Month – Each council should be considering this. The family of the month then gets submitted to Supreme a chance to become family of the year.

# LOG INTO OFFICERS ONLINE GO TO MEMBER MANAGEMENT

Supporting Applications

 Officers Desk Reference	 Fraternal Training	 Office Of Youth Protection	 Home Corporations	 Member Management	 Member Billing	 By Laws Online	 Knights Gear
				 Supplies Online			

An arrow points to the Member Management icon.

# COUNCIL OFFICERS – FORM 185

- The fun part of the Online Submission  
*No where on the form does it say Form 185!*

KNIGHTS OF COLUMBUS		REPORT OF OFFICERS CHOSEN FOR THE TERM			
		JULY 1, 20__ TO JUNE 30, 20__			
Council # _____		DATE OF ELECTION _____			
THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT. OTHERWISE PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS					
Due By: <b>JUNE 30</b>					
COUNCIL ADDRESS (Meeting Location)					
STREET		ADDITIONAL ADDRESS			
CITY		ST./PROV.	ZIP/POSTAL CODE		INITIAL
GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
<input type="checkbox"/> NEWLY ELECTED <input type="checkbox"/> RE-ELECTED    TELEPHONE AREA CODE    PHONE NO.    EMAIL:					
CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
LECTURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
<input type="checkbox"/> ADDRESS CHANGE					
COUNCIL MEETS _____					
SIGNED F.S. _____					
<ul style="list-style-type: none"> <li>• THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.</li> <li>• APPOINTMENT OF FINANCIAL SECRETARY (SECTION 12B, LAWS AND RULES). THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.</li> </ul>					
SEND ORIGINAL TO: Membership Records (email: AddressChange@kofc.org)					
SEND COPIES TO: State Deputy, District Deputy, Council File					
185 4/18					



**\*\*NOTICE – COMCAST EMAILS\*\***

The Supreme Council is experiencing issues with emails going to Comcast accounts. We believe that this is how Comcast deals with receiving emails from a 'NoReply' process in general (not just from the Knights of Columbus), which is the current industry standard. We are working to determine if the Supreme Council can change our process to allow emails to go through to our members with a Comcast email address.

The Service Program Personal (also known as Form 365) will be recorded as received when the following required roles have been appointed - Program Director, Community Director, Family Director, Membership Director, and Retention Chairman.

Safe Environment Requirements can be found at [kofc.org/safe](http://kofc.org/safe)

Please note that the Member Management, Member Billing and By-Laws Online Call Center's new telephone number is 203-752-4210. When calling, please select option 1.

LIVE

TRAINING

**CLICK ON  
LIVE**



CLICK ON COUNCIL ADMINISTRATION

Officers Online   Member Billing   Member Management   **Council Administration**   Print Center-MM

### Member Management - Find A Member

**Search Criteria**

Display records for the following:

Active Members    Former Members

**Required Criteria**

Last Name:    -or-   Member #:

Search Tips

CHOOSE  
COUNCIL  
OFFICERS  
CURRENT &  
NEXT

- Council Administration
- Council Information
- ▶ Council Officers  
Current & Next
- ▶ Service Program  
Personnel  
Current & Next
- ▶ Additional Positions
- ▶ Member Interests
- ▶ Parish List
- ▶ Title List
- ▶ Download Tools

CHOOSE  
NEXT  
FRATERNAL  
YEAR

- Council Administration
- ▶ Council Information
- Council Officers  
Current & Next
- Current Year
- ▶ Next Fraternal Year
- ▶ Service Program  
Personnel  
Current & Next
- ▶ Additional Positions
- ▶ Member Interests
- ▶ Parish List
- ▶ Title List
- ▶ Download Tools

# ADDING IN NAMES

The screenshot shows a web interface for adding council members. It features two tabs: "Council Members" and "Members from Other Councils". The "Members from Other Councils" tab is active. The interface includes a "Choose a Role:" dropdown menu with "Grand Knight" selected. A "Search by Last Name:" input field is followed by a "Search" button. Below this is a "Search Tips" section with a "Choose Member:" dropdown menu. The dropdown menu is open, showing "UNASSIGNED" and "Kato, Thomas Y", with "Kato, Thomas Y" highlighted. To the right, there is an "Enter Start Date:" input field with a calendar icon and the date "07-01-2019" entered. Below the date field is an "Assign" button. Six numbered instructions with arrows point to specific elements: 1. Choose the Role (points to the role dropdown), 2. Click on Search by Last Name (points to the search input field), 3. Click on Search (points to the search button), 4. Highlight the name (points to the highlighted name in the dropdown), 5. Put in Start date (points to the date input field), and 6. Click on Assign (points to the assign button).

1. Choose the Role

2. Click on Search by Last Name

3. Click on Search

4. Highlight the name

5. Put in Start date

6. Click on Assign

**Council Members** **Members from Other Councils**

Choose a Role:  
Grand Knight

Search by Last Name:  
Search

Search Tips  
Choose Member:  
UNASSIGNED  
Kato, Thomas Y

Enter Start Date:  
07-01-2019

Assign



# THE NAME POPS UP. CHANGE THE ROLES FOR ALL ROLES YOU ARE FILLING.

**Council Members** **Members from Other Councils**

Choose a Role:

Search by Last Name:

Enter Start Date:

Search Tips

Choose Member:

- UNASSIGNED
- Kato, Thomas Y**

Next Year Officers			
Officer Positions	Name	Member#	Start Date
Grand Knight	Kato, Thomas Y	4089719	07-01-2019

CLICK ON SUBMIT ONCE DONE



A horizontal line with a vertical bar on the left and two buttons labeled "Submit" and "Reset" on the right. A blue arrow points to the "Submit" button.

## NOTES

- The only positions that you need filled are:
  - Grand Knight
  - Financial Secretary
- If you do not have all the positions filled, don't worry. Submit anyway.

ONCE COMPLETE, GO TO PRINT CENTER-MM

Officers Online

Member Billing

Member Management

Council Administration

Print Center-MM

Choose “2. Next Fraternal Year Officers” if doing prior to July 1  
Choose “1. Current Officers” after July 1

### Print Center - Reports

#### Council Reports


1. Current Officers
2. Next Fraternal Year Officers
3. Current Service Program Personnel
4. Next Fraternal Year Service Program Personnel

CLICK "CLICK HERE TO OPEN" TO OPEN THE REPORT

## **Reporting Service**

**Thank you for waiting, your report is ready.**

Click here to open



## REPORT

- This will open the report in a PDF. Save the file to your hard drive! Check your “Downloads” folder if you cannot find it. It is called “NextFraternalYearOfficers.pdf”
- Rename the file to append the Fraternal Year and Council Number.
  - Example: NextFraternalYearOfficers-2019-2020-10062.pdf
- Email this to:
  - Rick Garrison – [azknights@q.com](mailto:azknights@q.com)
  - Your District Deputy
- If you make changes, make sure you email the updates!

## SERVICE PROGRAM PERSONNEL CURRENT & NEXT

- The fun part of this form – No where on the form does it say Form 365!

# CLICK ON COUNCIL ADMINISTRATION

Officers Online   Member Billing   Member Management   **Council Administration**   Print Center-MM

• Member Management  
• Find a Member  
▶ Search Results  
▶ General Information  
▶ Fraternal Information  
▶ Personal Information  
▶ Member Interests  
▶ Contact Notes  
▶ Change History

## Member Management - Find A Member

**Search Criteria**

Display records for the following:

Active Members    Former Members

**Required Criteria**

Last Name:    -or-   Member #:

Search Tips

Search   Reset

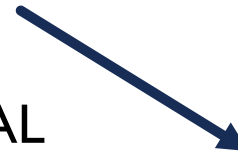


CHOOSE  
SERVICE  
PROGRAM  
PERSONNEL  
CURRENT &  
NEXT



- Council Administration
- Council Information
  - ▶ Council Officers Current & Next
  - ▶ Service Program Personnel Current & Next
  - ▶ Additional Positions
  - ▶ Member Interests
  - ▶ Parish List
  - ▶ Title List
  - ▶ Download Tools

CHOOSE  
NEXT  
FRATERNAL  
YEAR



- Council Administration
  - ▶ Council Information
  - ▶ Council Officers Current & Next
  - ▶ Service Program Personnel Current & Next
  - Current Year
    - ▶ Next Fraternal Year
  - ▶ Additional Positions
  - ▶ Member Interests
  - ▶ Parish List
  - ▶ Title List
  - ▶ Download Tools

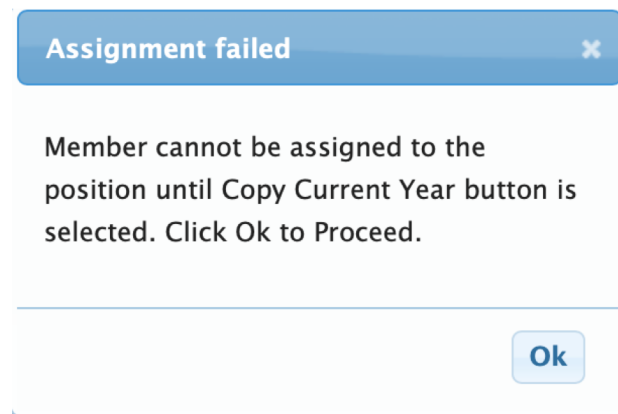
QUIRKINESS....

YOU HAVE TO CHOOSE “COPY CURRENT YEAR” TO PROCEED.

Next Fraternal Year 2019-2020

Copy Current Year

If not, you get this  
when trying to  
assign



# SERVICE PERSONNEL

1. Choose the Role

2. Click on Search by Last Name

3. Click on Search

5. Put in Start date

6. Click on Assign

4. Highlight the name

Supreme Defined Positions Council Defined Positions

Choose a Role:  
Program Director

Search by Last Name:  
Search

Enter Start Date:  
07-01-2019

Search Tips  
Choose Member:  
UNASSIGNED  
Kato, Thomas Y

Assign

THE NAME POPS UP.  
CHANGE THE ROLES FOR ALL ROLES YOU ARE FILLING.

Change Service Program Personnel

Supreme Defined Positions Council Defined Positions

Choose a Role: Program Director

Search by Last Name:  Search

Enter Start Date: 07-01-2019 

Search Tips

Choose Member:

- UNASSIGNED
- Kato, Thomas Y

Assign

Next Year Service Program Personnel

Program Positions	Name	Member#	Start Date
Program Director	Kato, Thomas Y	4089719	07-01-2019

CLICK ON SUBMIT ONCE DONE



A diagram illustrating a form structure. It features a vertical blue bar on the left side, connected to a horizontal blue line that represents the form's input area. At the bottom right of this horizontal line, there are two buttons: 'Submit' and 'Reset'. A dark blue arrow points from above down to the 'Submit' button, indicating the instruction to click it after completion.

## NOTES

- There are only 5 roles that are Required:
  - Program Director
  - Community Director
  - Family Director
  - Membership Director
  - Retention Chairman

### HOWEVER.....

- You cannot achieve Star Council without:
  - Life Director
  - Faith Director

ONCE COMPLETE, GO TO PRINT CENTER-MM

Officers Online

Member Billing

Member Management

Council Administration

Print Center-MM

Choose “4. Next Fraternal Year Service Program Personnel”  
if doing prior to July 1  
Choose “3. Current Service Program Personnel” after July 1

### Print Center - Reports

#### Council Reports


1. Current Officers
2. Next Fraternal Year Officers
3. Current Service Program Personnel
4. Next Fraternal Year Service Program Personnel

CLICK "CLICK HERE TO OPEN" TO OPEN THE REPORT

## **Reporting Service**

**Thank you for waiting, your report is ready.**

Click here to open





## REPORT

- This will open the report in a PDF. Save the file to your hard drive! Check your “Downloads” folder if you cannot find it. It is called “NextProgramPositions.pdf” or “CurrentProgramPositions.pdf”
- Rename the file to append the Fraternal Year and Council Number.
  - Example: NextProgramPositions-2019-2020-10062.pdf
- Email this to:
  - Rick Garrison – [azknights@q.com](mailto:azknights@q.com)
  - Your District Deputy
- If you make changes, make sure you email the updates!



FILL OUT THE STATE DIRECTORY FORMS  
 STATE DIRECTORY INFORMATION -  
[HTTPS://KOFCC-AZ.ORG/STATE-FORMS%2FREPORTS](https://kofcc-az.org/state-forms%2freports)  
 SEND TO AZKNIGHTS@Q.COM



**DIRECTORY INFORMATION**

Mail to: Knights of Columbus      Email To: [AZKnights@Q.com](mailto:AZKnights@Q.com)      DUE DATE: July 1  
 AZ State Council      FAX To: 1-877-899-7505  
 14175 W Indian School Road      Questions or Help, Call:  
 Suite B4-626      (623) 536-4801  
 Goodyear, AZ 85395-3363

**PLEASE TYPE OR PRINT LEGIBLY**

*USE TAB/SHIFT TAB TO MOVE BETWEEN SHADED FIELDS*

COUNCIL NAME: \_\_\_\_\_ COUNCIL NUMBER: \_\_\_\_\_

**GRAND KNIGHT**

**DEPUTY GRAND KNIGHT**

Name: _____	Name: _____
Wife: _____ Home: _____	Wife: _____ Home: _____
Street: _____	Street: _____
City: _____ ZIP: _____	City: _____ ZIP: _____
Cellular: _____	Cellular: _____
<b>**Email:</b> _____	<b>**Email:</b> _____

**FINANCIAL SECRETARY**

**CHAPLAIN**

Name: _____	Name: _____
Wife: _____ Home: _____	Parish: _____ Work: _____
Street: _____	Street: _____
City: _____ ZIP: _____	City: _____ ZIP: _____
Cellular: _____	Home: _____ Cellular: _____
Email: _____	Email: _____

Council Mailing Address: \_\_\_\_\_  
 Council Meeting Address: \_\_\_\_\_  
 Meeting Day and Time: \_\_\_\_\_  
 Council Phone: \_\_\_\_\_ Council Email / Web Page: \_\_\_\_\_

**FR. MCGIVNEY GUILD CHAIRMAN**

**PARISH INFORMATION**

Name: _____	Diocese: _____
Wife: _____ Home: _____	Parish Name: _____
Street: _____	City: _____ ZIP: _____
City: _____ ZIP: _____	Parish Name: _____
Cellular: _____	City: _____ ZIP: _____
Email: _____	

**CULTURE OF LIFE CHAIRMAN**

**LADIES AUXILIARY PRESIDENT**

Name: _____	Auxiliary Name: _____
Wife: _____ Home: _____	Name: _____ Husband: _____
Street: _____	Street: _____
City: _____ ZIP: _____	City: _____ ZIP: _____
Cellular: _____	Cellular: _____
Email: _____	Email: _____

## WHY 2 SEPARATE FORMS WITH THE SAME INFORMATION????

- The first Officers Chosen for Fraternal Year is a Supreme Form. Supreme automatically gets this when you fill it out online.
- Unless councils sends a copy of the PDF to [azknights@q.com](mailto:azknights@q.com), we don't have access to it.
- The ONLY way we get it currently is through the State Directory.
- This is CRITICAL for disseminating information to Grand Knights and Officers throughout the year.

## SIDE BAR

- Use Email to send as many forms as possible to Supreme. Try not to snail mail.
- If you don't have a scanner, use your phone! There are apps out there for both Android and Apple: CamScanner, Tiny Scanner.
  - REMEMBER TO SAVE AS PDF TO EMAIL TO SUPREME!

# FAMILY OF THE MONTH – #10668

- Due 15<sup>th</sup> day of following month
- To be selected as Family of the month, each family should stand out as an exemplary model to others in the parish.
- The following factors should be considered when selecting a Family of the month:
  - • Is the family tight-knit? Does the family spend quality time together?
  - • Does the family attend weekly Mass together?
  - • Does the family pray together outside of Mass?
  - • Has the family made significant contributions to the parish and church community?
  - • Does the family serve as a model of Catholic family values?
- Talk to Pastor about presenting Family of the Month at a mass the Family attends
- You can use this as a soft "recruiting" event.
- SEND TO SUPREME AND azknights@q.com

## FAMILY OF THE MONTH ENTRY FORM

DUE BY 15<sup>th</sup> DAY OF THE FOLLOWING MONTH

Fully complete this report form by listing the family's information and qualifications. This will also ensure that the family is entered in the Supreme Council Family of the Month Contest.

The family of \_\_\_\_\_ has been selected as the \_\_\_\_\_

(Nominee's Name)

(Month)

Family of the Month for Council \_\_\_\_\_ in \_\_\_\_\_

(Number)

(State or Province)

Husband: \_\_\_\_\_ Member:  Yes  No Membership Number (if applicable): \_\_\_\_\_

Wife: \_\_\_\_\_ Children:  Yes  No If yes, how many children? \_\_\_\_\_

Age of nominee: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
(If Applicable)

Husband/nominee's email address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Postal Code)

Our council's Family of the Month was selected for the following reasons:

*The following factors should be considered when selecting a Family of the Month:*

- Is the family tight-knit? Does the family spend quality time together?
- Does the family attend weekly Mass together? Does the family pray together outside of Mass?
- Has the family made significant contributions to the parish and church community?
- Does the family serve as a model of Catholic family values?

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Grand Knight)

Grand Knight's email: \_\_\_\_\_

Email a copy of this document to: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)  
*(Councils should also retain a copy of this completed form for their files)*

*(See other side for instructions)*



FAITH IN ACTION

FAMILY



QUESTIONS???