

FRATERNAL PROGRAMS REPORT FORM

Council Number: _____ Date(s) of Program ___/___/___ to ___/___/___

Refer to program guide sheets for required forms and reporting

	Faith	Family	Community	Life
1	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Marian Icon Prayer Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary Program <input type="checkbox"/> Spiritual Reflection Program <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts	<input type="checkbox"/> Family of the Month/Year <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> OTHER (designate category): _____	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs

2 Participation: $\frac{\text{Members}}{\text{Members}} + \frac{\text{Non Members}}{\text{Non Members}} = \frac{\text{Total Participants}}{\text{Total Participants}} \times \frac{\text{Hours}}{\text{Hours}} = \frac{\text{Total Volunteer Hours}}{\text{Total Volunteer Hours}}$

Program Planning: $\frac{\text{Costs}}{\text{Costs}} \& \frac{\text{Time}}{\text{Time}}$ Members Recruited: _____ Donations: $\frac{\text{Local Currency}}{\text{Local Currency}}$

3 Is your council Safe Environment Program compliant? YES NOT YET kofc.org/safe

4 Program Promotions (check all that apply): Church Bulletin Parish/Council Newsletter Pulpit Announcement
 Mailer/Email Other: _____

5 How successful was your program?:
 Very Successful (surpassed expectations) Successful (met expectations) Needs improvements (low participation)

6 Summarize the efforts of all volunteers. Describe the event and ideas to improve the success of the program?

 Signed: Grand Knight Date: _____ Signed: Program Director Date: _____

Email a copy of this document to: fraternalmission@kofc.org

Retain a copy of each report to assist in completion of the Annual Survey of Fraternal Activity (1728) & Columbian Award Application (SP7).

