

FRATERNAL PROGRAMS REPORT FORM

(Officer's Full Name)
Reporting Officer Name: John Smith Membership Number: 11111

Council Number: 0000 Date(s) of Program 6 / 1 / 2022 to 6 / 30 / 2022

State / Province: CT

1	Faith	Family	Community	Life
	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Family of the Month <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"/> Prayer for Families <input type="checkbox"/> Other	<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"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<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 <input type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other

If Other, Program Name: _____

2 Volunteers: _____ + _____ = _____ x _____ = _____
Members Non-Members Total Volunteers Total Volunteers Hours (Per Person) Total Volunteer Hours

Participants (Non-Volunteer): _____ Was your father present? ☐ Yes ☒ No

Program Planning: _____ & _____ Members Recruited: _____ Donations: _____
Cost Time (Hours) Local Currency

(Nominee's Full Name)

(Nominee's Full Name)

* 3 Name of Nominee - Husband: Nick Brown Name of Nominee - Wife: Susan Brown

* 4 Number of Kids (If Applicable): _____ Number of Grandkids (If Applicable): _____

* 5 Knights of Columbus member? ☒ Yes ☐ No Membership Number (If Applicable): _____

* 6 Month of Nomination: 6

(Nominee's Full Address)

* 7 Primary Address of Nominee Family: 1 Knight Street New Haven, CT 06510
 Street Address
 City, State Zip-code

* 8 Grand Knight Email: _____ GK email address must be completed

* Every field with an asterisk must be completed



FRATERNAL PROGRAMS REPORT FORM

- 9** Please explain the reasons your council selected this family. (Refer to #1993- *Family of the Month/Year* - *Guidebook* for official selection guidelines.)

- 10** On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? _____

- 11** What information or feedback would you like to share about your program? (To share more success stories, visit kofc.org/knightsinaction)

