



Service Program Personnel Report (Form 365) Instructions

This PDF form is an acceptable format for submitting the Service Program Personnel Report but the preferred format is for the Grand Knight or Financial Secretary to submit this form online using the Member Management application located within Officers Online. Watch this YouTube video for instructions on how to do this using Member Management. <https://youtu.be/c0lswbh66tg>

Due Date: August 1st – Council Directors are appointed by the Grand Knight. Once elections are complete and a Grand Knight is chosen, he should appoint “most of the council Directors. Please enter the Service Program Personnel into this form and submit it.

Where to submit this form:

- Supreme = Department of Fraternal Mission (email: fraternalmission@kofc.org)
- Michigan State Deputy = State Deputy Forms email address (email: Forms@mikofc.org)
- District Deputy = (email: ddxxx@mikofc.org) Note: Replace xxx with your District 3-digit number

Note: It is not necessary to fill in every position on this form. There are 5 required positions as noted on the form. Please fill in all required positions and fill in any other positions which are filled.

Line-by-line Instructions:

- **JULY 1, 20__ TO JUNE 30, 20__** - Directors are named in June/July for the July through June. Please enter the 2-digit year these officers start their term and end their term. As an example, JULY 1, 2021 TO JUNE 30, 2022.
- **Council # _____** - Please enter you council #. This is usually a 3-5 digit #.
- **Jurisdiction _____** - Please enter Michigan on this line. Michigan is the name of our jurisdiction.
- **PROGRAM DIRECTOR** – Enter the information for the Program Director. **THIS IS A REQUIRED POSITION.**
 - **MEMBERSHIP NO. _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Program Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Program Director (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Program Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Program Director will not receive critical information from Supreme. *Please note, all Program Directors in Michigan are provided an email address by the Knights of Columbus Michigan Jurisdiction. While these email addresses should be used for most council purposes, Supreme has instructed councils to NOT use these email addresses for form 365.*
- **FAITH DIRECTOR** – Enter the information for the Faith Director.
 - **MEMBERSHIP NO. _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Faith Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Faith Director (first name, last name and middle initial).



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- **EMAIL** – Please enter the e-mail address for the Faith Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Faith Director will not receive critical information from Supreme.
- **FAMILY DIRECTOR** – Enter the information for the Family Director. **THIS IS A REQUIRED POSITION.**
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Family Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Family Director (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Family Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Family Director will not receive critical information from Supreme.
- **COMMUNITY DIRECTOR** – Enter the information for the Community Director. **THIS IS A REQUIRED POSITION.**
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Community Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Community Director (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Community Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Community Director will not receive critical information from Supreme.
- **LIFE DIRECTOR** – Enter the information for the Life Director.
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Life Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Life Director (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Life Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Life Director will not receive critical information from Supreme.
- **MEMBERSHIP DIRECTOR** – Enter the information for the Membership Director. **THIS IS A REQUIRED POSITION.**
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Membership Director.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Membership Director (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Membership Director. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must



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hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Membership Director will not receive critical information from Supreme. *Please note, all Membership Directors in Michigan are provided an email address by the Knights of Columbus Michigan Jurisdiction. While these email addresses should be used for most council purposes, Supreme has instructed councils to NOT use these email addresses for form 365.*

- **RECRUITMENT COMMITTEE** – Enter the information for the one, two or three council members who assist the Membership Director with recruiting.
- **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Recruitment Committee member.
- **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Recruitment Committee member (first name, last name and middle initial).
- **EMAIL** – Please enter the e-mail address for the Recruitment Committee member. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Recruitment Committee member will not receive critical information from Supreme.
- **RETENTION CHAIRMAN** – Enter the information for the Retention Chairman. **THIS IS A REQUIRED POSITION.**
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Retention Chairman.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Retention Chairman (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Retention Chairman. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Retention Chairman will not receive critical information from Supreme.
- **INSURANCE PROMOTION** – Enter the information for the Insurance Promotion Member.
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Insurance Promotion Member.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Insurance Promotion Member (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Insurance Promotion Member. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Insurance Promotion Member will not receive critical information from Supreme.
- **VOCATIONS CHAIRMAN** – Enter the information for the Vocations Chairman.
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Vocations Chairman.



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- **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Vocations Chairman (first name, last name and middle initial).
- **EMAIL** – Please enter the e-mail address for the Vocations Chairman. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Vocations Chairman will not receive critical information from Supreme.
- **HEALTH SERVICES** – Enter the information for the Health Services Chairman.
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the Health Services Chairman.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Health Services Chairman (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Health Services Chairman. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Health Services Chairman will not receive critical information from Supreme.
- **PUBLIC RELATIONS** – Enter the information for the Public Relations Chairman.
 - **MEMBERSHIP NO.** _____ - Please enter the 6-7digit membership #. This can be found on the membership card for the public Relations Chairman.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the public Relations Chairman (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the public Relations Chairman. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the public Relations Chairman will not receive critical information from Supreme.
- **GRAND KNIGHT AND DATE** – Please have the Grand Knight sign & date this form prior to submission.