



Full Name: _____ Membership Number: _____
 Address: _____
 City: _____ State/Province: _____ ZIP Code: _____
 Phone numbers: Home _____ Business _____ Cell _____
 E-mail address _____

20__ ANNUAL SURVEY WORKSHEET for INDIVIDUAL MEMBER of 3rd Degree FRATERNAL ACTIVITY

Over the last ten years, the Knights of Columbus donated more than \$1.5 billion to charitable and benevolent causes and more than 682 million hours of volunteer community service to aid the less fortunate. **To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting.** This information will assist us in determining the total number of hours of community service volunteered by our members.

1. Number of visits you made during 20__ to:
 - Sick — caring for the sick/nursing homes/hospitals _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during 20__ _____
3. Estimated hours of community volunteer service during 20__:
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity — service in all related projects _____
 - Culture of Life Activities — service in all related projects _____
 - VAVS _____
 - Food For Families _____
 - Special Olympics _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service during 20__:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____

20__ ANNUAL SURVEY WORKSHEET for INDIVIDUAL MEMBER of 4th Degree FRATERNAL ACTIVITY

Over the last ten years, the Knights of Columbus donated more than \$1.5 billion to charitable and benevolent causes and more than 682 million hours of volunteer community service to aid the less fortunate. **To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting.** This information will assist us in determining the total number of hours of community service volunteered by our members.

1. Number of visits you made during 20__ to:
 - Sick — caring for the sick/nursing homes/hospitals _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during 20__ _____
3. Estimated hours of community volunteer service during 20__:
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity — service in all related projects _____
 - Culture of Life Activities — service in all related projects _____
 - VAVS _____
 - Food For Families _____
 - Special Olympics _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service during 20__:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____