Individual Knight Volunteer Time for 201

Volunteer Spotlight
Please fill out and give/send to Grand Knight by Jan 15, 201_

NAME:(PRINT Please)	45MT	
FRATERNAL COMMITM	/IENT:	
Number of Visits to:		
1. a. <u>Sick</u> :		
b. <u>Bereaved</u> : Total Visits:		
	ore:	
 Number of Blood don Habitat for Humanity: 		
Estimated hours of volu		
4. a. Church:	nteer service.	
b. Community:		
c. Youth:		
d. <u>Habitat for Hun</u>	nanity Projects:	
e. Miscellaneous:		
Total Volunteer Hours:		
Estimated hours of frate	rnal service:	
5. Sick/disabled member	rs and their families:	
SERVICE PROGRAM INVOLVE Please list your preferences for possible con Mark those areas which you find exciting, or	nmittee assignments.	
PROGRAMS		
CHURCH Vocations Parochial Services Religious Devotions Lay Apostolate Parish Round Table Christ in Christmas Other, Specify: COMMUNITY Pro-Life Health Services Civic Involvement Decency Human Needs Public Safety Other, Specify:	Fratemalism Family Blood Donors Memori Social Educati	r's Assistance
MEMBERSHIP		
Recruitment Retention Ins	surance Promotion Admissio	n Committee
In your opinion, how can our council improve	e existing programs? Please be speci	fic.