

Knights of Columbus Fraternal Activity

<u>ACTIVITY</u>	<u>NUMBER OF TIMES</u>
1. Number of visits to:	
Sick - caring for the sick	_____
Bereaved - visits of condolences	_____
2. Blood donor	_____
3. <u>ESTIMATED HOURS OF VOLUNTEER SERVICE</u>	<u>NUMBER OF HOURS</u>
Church Activities -service in all Church related activities	_____ hours
Community Activities - service in all community related activities	_____ hours
Youth Activities - service in all youth related activities	_____ hours
Miscellaneous - service in all other areas not covered above	_____ hours
4. <u>ESTIMATED HOURS OF FRATERNAL SERVICE</u>	
Sick/disabled members and their families - household chores,	_____ hours
transportation, tutoring, counseling, etc.	_____ hours

Name _____ Date _____

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