

FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Robert Burnett Membership Number: 3584712

Council Number: 12524 Date(s) of Program 3 / 9 / 2023 to 3 / 9 / 2023

State / Province: MD

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 checked="" type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input 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"/> Food 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: $\frac{6}{\text{Members}} + \frac{\quad}{\text{Non-Members}} = \frac{6}{\text{Total Volunteers}}$ $\frac{6}{\text{Total Volunteers}} \times \frac{6}{\text{Hours (Per Person)}} = \frac{36}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): _____ Was your Pastor present? Yes No

Program Planning: _____ & $\frac{4}{\text{Time (Hours)}}$ Members Recruited: 0 Donations: 100
Cost Local Currency

3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? 4

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

The Program took place at the Shrine of St Anthony in the western country side of Howard County Maryland. The Shrine is a Franciscan home and a very peaceful and "thin" place for a retreat. It was a daytime retreat thereby limiting the attendance but very meaningful to those who could attend.

