

MONTHLY FRATERNAL ACTIVITY REPORT

Form used by Council 6806 members *and their families*. Please specify family member (wife, son, daughter) being reported. Use another form if needed.

Name _____ Month _____

Please indicate the type of activity performed and number of hours served. (X)

<u>Church Activities</u>	Hours	<u>Council Activities</u>	Hours
<input type="checkbox"/> Parish Council/Committee Member		<input type="checkbox"/> Council Officer/Trustee	
<input type="checkbox"/> Lay Apostolate (Bible Study, Donut Sunday		<input type="checkbox"/> Council Committees Chairmen	
<input type="checkbox"/> Eucharistic Minister		<input type="checkbox"/> Social Activities	
<input type="checkbox"/> Lector/Usher/Choir/Set up		<input type="checkbox"/> Public Relations/Newsletter	
<input type="checkbox"/> Misc. Parish Volunteer Activities		<input type="checkbox"/> Blood Drive/Donor	
<input type="checkbox"/> Religious Devotions (Rosary, Retreats, etc)		<input type="checkbox"/> Council Mtgs: Bus/Off/Gen	
<input type="checkbox"/> Religious Education		<input type="checkbox"/> Degree Team	
<input type="checkbox"/> Parish Roundtable		<input type="checkbox"/> Brotherhood	
<input type="checkbox"/> Keep Christ in Christmas Activities		<input type="checkbox"/> Breakfast/Dinner	
<input type="checkbox"/> Adoration		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____			

<u>Community Activities</u>	Hours	<u>Family Activities</u>	Hours
<input type="checkbox"/> Pro-Life Activities		<input type="checkbox"/> Assistance to Widows/Orphans	
<input type="checkbox"/> Social Action (Events, Marches, etc)		<input type="checkbox"/> Family Spiritual Programs	
<input type="checkbox"/> Community Action (Rest Stop, etc)		<input type="checkbox"/> Family to Family Assistance	
<input type="checkbox"/> Francis House		<input type="checkbox"/> (chores, shopping, etc)	
<input type="checkbox"/> Food Bank (Stocker, Driver, etc)		<input type="checkbox"/> Special Family Projects	
<input type="checkbox"/> Senior Citizens (Rides, Meals, Assistance, etc)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Mentally Challenged Citizens (Spec Oly, etc)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Health Services _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Visits to Sick/Homebound			
<input type="checkbox"/> Parish Involvement		<u>Youth Activities</u>	Hours
<input type="checkbox"/> Poverty/Homeless Activities		<input type="checkbox"/> Youth Group, Sr. High	
<input type="checkbox"/> Ecology/Environmental Acts. (Recycling, etc)		<input type="checkbox"/> Youth Group Jr. High	
<input type="checkbox"/> Social Justice Activities (Jury Duty)		<input type="checkbox"/> Scouting (et al.)	
<input type="checkbox"/> Visits to Bereaved/Consolation visits		<input type="checkbox"/> 4H Clubs	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Athletic Programs/Support	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Counseling, Mentoring, Tutoring	
		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Other: _____	

Other Volunteer Activities

☐ Specify: _____

☐ Specify: _____

Please complete this form and bring it with you to the monthly Business Meeting on the third Tuesday of each Month. If you cannot make it to the meeting please mail it in.

Thank You