

SURVEY OF FRATERNAL ACTIVITY

INDIVIDUAL WORKSHEET

Our Lady of the Incarnate Word - COUNCIL 15199

MONTH _____

2019

NAME _____

To prepare our Fraternal Survey for the Supreme Council, PLEASE complete the information requested below and

1 FAITH ACTIVITIES (where applicable)

Hours of Service

- RSVP Program* _____
- Church Facilities* _____
- Catholic Schools/Seminaries* _____
- Religious/Vocations Education* _____
- Prayer & Study Programs* _____
- Sacramental Gifts* _____
- Miscellaneous Faith Activities* _____

2 FAMILY ACTIVITIES (where applicable)

- Food for Families* _____
- Family Formation Programs* _____
- Keep Christ in Christmas* _____
- Family Week* _____
- Family Prayer Night* _____
- Miscellaneous Family Programs* _____
- Miscellaneous Faith Activities* _____

3 COMMUNITY ACTIVITIES (where applicable)

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| <i>Coats for Kids</i> _____ | <i>Columbian Squires</i> _____ |
| <i>Global Wheelchair Mission</i> _____ | <i>Scouting/Youth Groups</i> _____ |
| <i>Habitat for Humanity</i> _____ | <i>Athletics</i> _____ |
| <i>Disaster Preparedness Relief</i> _____ | <i>Youth Welfare/Service</i> _____ |
| <i>Physically/Intellectually Disabled</i> _____ | <i>Scholarship/Education</i> _____ |
| <i>Elderly Widow(er) Care</i> _____ | <i>Veteran Military/VAVS</i> _____ |
| <i>Hospitals/Health Organizations</i> _____ | <i>Miscellaneous Community Activities</i> _____ |

4 LIFE ACTIVITIES (where applicable)

- Special Olympics* _____
- Marches for Life* _____
- Ultrasound Initiative* _____
- Pregnancy Support* _____
- Christian Refugee Relief* _____
- Memorial to unborn Children* _____
- Miscellaneous Life Activities* _____

5 Hours for the Good of the Order: _____

TOTAL HOURS

Other Fraternal Commitments:

Nu. of Visits

- Caring for the sick/nursing homes/hospitals* _____
- Bereaved - visits of condolence* _____
- Blood Donor* _____

TOTAL VISITS