

# Knights of Columbus Ascension Council 7991

## FRATERNAL COMMITMENT

	Number	Hours	Members Involved
Number of visits to:			
a. Sick (hospital visits, shutins)	_____	_____	_____
b. Bereaved (death in family)	_____	_____	_____
Total Visits & Hours	_____	_____	_____
Estimated hours of volunteer service:			
a. Church Activities		_____	_____
b. Community & Life Issues Activities		_____	_____
c. Youth Activities		_____	_____
d. Council Activities		_____	_____
Total Volunteer Hours & Members		_____	_____

Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Member: \_\_\_\_\_