



**INSTRUCTIONS FOR COMPLETING REPORT FORM**

**For Twelve Month Period Ending December 31, 20\_\_**

**Due By:  
JANUARY 31**

**\*IMPORTANT**

- \* *Please type or print legibly.*
- \* *Please record information to reflect members and their families' participation.*
- \* **INCLUDE SQUIRES AND 4TH DEGREE ASSEMBLY TOTALS IN THIS REPORT.**
- \* *Include financial contributions and hours of community service from all Special Olympics programs (i.e. "Family Leadership and support," "Invest in a Life,"etc.)*
- \* **UNITS IN THE PHILIPPINES SHOULD REPORT ALL FINANCIAL DATA IN PESOS.**
- \* **MAKE A PHOTOCOPY OF SURVEY REPORT FOR YOUR COUNCIL FILE.**

**SECTION I. VOLUNTEER HOURS PROVIDED BY K of C MEMBERS AND THEIR FAMILIES TO SPECIAL OLYMPICS THROUGHOUT THE CALENDER YEAR:**

Volunteer service with all levels of Special Olympics by Council members and their families — games, events, programs, special initiatives, etc.

**SECTION II. NUMBER OF K of C VOLUNTEERS AT SPECIAL OLYMPICS GAMES AND EVENTS:**

**Event-Specific K of C Volunteers** — announcer, athlete escort, awards presenter, competition volunteer, family services, food services, lane escort, lane judge, scorekeeper, timer, transportation, venue services, etc.

**Year-Round K of C Volunteers** — program management, administration, clerical, planning, games management, sports training, Special Olympics Board Member, coaching, etc.

**SECTION III. NUMBER OF EVENTS IN WHICH K of C MEMBERS AND FAMILIES VOLUNTEER:**

All events involving Special Olympics — state, national, international games, community programs, etc.  
Special Olympics Initiatives:

- Athlete Leadership Programs
- Family Leadership and Support
- Schools and Youth
- Healthy Athletes
- Law Enforcement Torch Run

**SECTION IV. TOTAL FUNDS CONTRIBUTED TO SPECIAL OLYMPICS:**

Local, state, and national contributions, "Healthy Athletes", donations to Special Olympics initiatives, etc.  
Donations to Special Olympics Support Programs:

- Online Donation
- Mail / Telephone Donation
- Planned Giving
- Matching Gifts
- Wedding / Special Occasion Favors
- Monthly Giving
- Frequent Flyer Miles

**SECTION V. NEW EVENTS ADDED THIS YEAR:**

Please provide the names of any new sporting events that your Council has contributed to or added to Special Olympics on any level this year.

**SECTION VI. SPECIAL OLYMPICS AFFILIATIONS:**

Please provide the names of any Special Olympics groups, organizations or teams with which your council is affiliated or actively supports. Please indicate if this is a local, regional, or state organization or group.



# PARTNERSHIP PROFILE REPORT WITH SPECIAL OLYMPICS

For Twelve Month Period Ending December 31, 20\_\_

**Council Number** \_\_\_\_\_ **Location** \_\_\_\_\_  
city/town state/province

**I. Volunteer Hours provided by K of C members and their families to Special Olympics throughout the calendar year.**

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
<b>TOTAL VOLUNTEER HOURS</b>	

**II. Number of K of C Volunteers at Special Olympics Games and Events.**

**EVENT-SPECIFIC VOLUNTEERS**

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
<b>Total Event-Specific</b>	

**YEAR-ROUND K of C VOLUNTEERS**

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
<b>Total Year-Round</b>	
<b>TOTAL K of C VOLUNTEERS (Event-Specific and Year-round)</b>	

**III. Number of Events in which K of C members and families volunteer.**

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
<b>TOTAL EVENTS</b>	

**IV. Total Funds Contributed to Special Olympics.**

**Dollars Only**

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
<b>TOTAL CONTRIBUTIONS</b>	

**V. New Events Added This Year.**

**VI. Special Olympics Affiliations**

Date: \_\_\_\_\_ (Signed) \_\_\_\_\_  
(Grand Knight)

\_\_\_\_\_ (Signed) \_\_\_\_\_  
(Financial Secretary)

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 Mail Copies To: State Deputy, District Deputy, Council File.  
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