



Knights of Columbus

ADMISSION COMMITTEE QUESTIONNAIRE
PLEASE PRINT LEGIBLY

Date _____ Parish _____ Council Number _____

Name _____ Nickname _____ Date of Birth _____

Address _____ City _____ ZIP CODE _____

Home Phone _____ Cell Phone _____ Employer _____

Your Occupation _____ Work Phone _____

Wife's Name (& Initial) _____ Wife's Date of Birth _____ Date of Marriage _____

CHILDREN

Name & Middle Initial	Gender	Date of Birth	Squire Yes or No
_____	[] Male [] Female	____-____-____	
_____	[] Male [] Female	____-____-____	
_____	[] Male [] Female	____-____-____	
_____	[] Male [] Female	____-____-____	
_____	[] Male [] Female	____-____-____	
_____	[] Male [] Female	____-____-____	

Do you wish to have the council newsletter sent by e-mail? (Circle your choice) Yes No

May the council notify you of events such as council meetings by e-mail? Yes No

Please print your E-mail Address _____

Personal Contacts (Someone we can contact should we lose contact with you)

Name: _____	Name _____
City _____	City _____
State and Postal code _____	State and Postal code _____
Phone # _____	Phone # _____

Please complete both sides: One copy to council and a copy to Field Agent

KNIGHTS OF COLUMBUS PROGRAMS

Indicate areas of interest:

Religious Activities []	Community Activities []	Council Activities []	Family Activities []	Youth Activities []	Membership Recruiting Activities []
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More specifically, in what programs or activities are you interested? _____

What do you hope to gain from your membership in the Knights of Columbus?

In your opinion, how do you feel you can personally contribute to the council? Time, talent, experiences.

Would you be interested in a leadership role in the council? YES _____ NO _____

Your employment is best categorized as: Sales ___ Trades ___ Training ___ Supervision ___
Retired ___ Student ___ Other _____

Which general category of involvement would you be most interested? Leadership _____
Giving back to the community ___ Developing new friendships _____ Spirituality _____
Recruiting new members _____ Representing insurance program _____ Other _____

How much time can you commit to the Knights of Columbus?

Weekly _____ hrs Monthly _____ hrs Annually _____ hrs

In what other organizations are you currently a member? List in order of involvement: Most involved first:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Are there any additional items you wish to share such as medical conditions, criminal record, etc?

If so, please list:

Next degree date _____ Meeting dates and time _____ Council's annual dues _____

Proposer/Mentor _____ Committee assigned _____

Signature of Candidate _____ Committee Chairman _____