

# Indiana DeMolay Chapter Of The Year Program



## Instruction Sheet

COTY program participants,

Thank you for your interest in competing for Chapter Of The Year. The program is designed to urge Chapters to be well rounded and self-sufficient, and hopefully the membership of your Chapter will be motivated to work harder in some of their weaker areas because of the desire to win COTY. If this is the case, your Chapter will benefit greatly from attempting to reach the goals laid out in this program.

The instructions are simple. To compete for the title of Indiana DeMolay Chapter Of The Year, your Chapter must:

- 1) Complete all eight of the required items listed on the Qualification Requirement Checklist. As the items are completed, please check them off and record the date.
- 2) Complete at least six of the eight subjective items listed on the Qualification Requirement Checklist. As the items are completed, please check them off and record the date. If your Chapter is able to complete more than six it will help it stand out.
- 3) Sign and date the Qualification Requirement Checklist when completed.
- 4) Fill out the Chapter Questionnaire. The questions that require a long answer may be completed on a separate sheet of paper and attached to the form. Also, you may include supporting documentation to help fully explain any of the items on the form (*i.e. your term calendars, photos from events, copies of installation programs, signed visitation forms, etc*).

**Point of emphasis:** Please be aware that the selection committee will not be giving bonus points for a dazzling multimedia display or a packet that looks as if it were put together by a professional marketing agency. The goal of the supporting documentation is simply to supplement the Chapter Questionnaire, not to replace it.

- 5) Send the completed forms and supporting documentation to the Indiana DeMolay office by the date specified on the forms.

The COTY packets will then be reviewed by a selection committee comprised of Senior DeMolays who are not associated with any of the competing Chapters. The committee will attempt to make an unbiased decision based solely upon the answers and supporting documentation in the submitted packets. The winner will be announced at Conclave with the rest of the "Of The Year" awards.

This program is radically different from those in recent years, and it will require much more effort from the competing Chapters. Following are some suggestions to help make the packet submission process successful:

- Shortly after Conclave, select a COTY committee to be responsible for documenting the Chapter's progress and call for regular reports from the committee chairman. Also select an Advisor to work with the committee.
- Review the qualification requirements and the questions on the questionnaire. Address as many as possible in the term plans of the Master Councilors.
- Do not procrastinate. Many of the questions can be completed throughout the year, so don't wait until the last second to try to pull things together.
- Try not to double your work. If you compete in State Officer contests pertaining to publications, DeMolay week, obligatory days, visitations, etc., make sure that you make copies of the forms before you send them in for the SO contest. They can also be attached to the COTY forms instead of entering the same information twice.

Good luck in your attempt to become the Chapter Of The Year. Win or lose, we feel that by implementing a plan to reach that prize your Chapter will be doing the things needed to become stronger and better represent DeMolay in Indiana.

The COTY program committee

# Indiana DeMolay Chapter Of The Year Program Qualification Requirement Checklist



All COTY forms must be received at the DeMolay office by July 1.

Chapter Name \_\_\_\_\_

Required Items	Subjective Items
<input type="checkbox"/> <b>Membership</b> <b>Date Completed:</b> _____ The chapter must initiate a minimum of 12 new members during the year.	<input type="checkbox"/> <b>PMC-MSA</b> <b>Date Completed:</b> _____ The chapter must earn this award during the year.
<input type="checkbox"/> <b>RD</b> <b>Date Completed:</b> _____ Two or more members must be designated a Representative DeMolay during the year.	<input type="checkbox"/> <b>Ritual Tourney</b> <b>Date Completed:</b> _____ The Chapter must have one or more credible team performance or have five or more credible individual performances at the Indiana State Ritual Tournament.
<input type="checkbox"/> <b>Masonic Service</b> <b>Date Completed:</b> _____ The chapter must perform two or more masonic service events during the year.	<input type="checkbox"/> <b>Athletic Tourneys</b> <b>Date Completed:</b> _____ The chapter must have one or more teams entered in one of the Indiana state athletic tournaments during the year.
<input type="checkbox"/> <b>Civic Service</b> <b>Date Completed:</b> _____ The chapter must perform two or more civic / community service events during the year.	<input type="checkbox"/> <b>Publications</b> <b>Date Completed:</b> _____ A chapter must publish four or more editions of a Chapter newsletter or e-letter in the year. A Chapter webpage is also acceptable if 4 or more articles are updated at least quarterly.
<input type="checkbox"/> <b>Visitations</b> <b>Date Completed:</b> _____ The chapter must complete two or more visitations to different chapters during the year. These may be to events other than stated meetings, such as an installation, dance, initiation, x-box tournament, etc.	<input type="checkbox"/> <b>DeMolay Month</b> <b>Date Completed:</b> _____ The chapter must complete a DeMolay Month program in which seven events related to the seven precepts of DeMolay are executed during the month of March.
<input type="checkbox"/> <b>Ritual</b> <b>Date Completed:</b> _____ The chapter must open and close a meeting (including the 9 o'clock prayer) without rituals and with no assistance from other chapters at least once during the year using a minimum of 8 members	<input type="checkbox"/> <b>Fund Raising</b> <b>Date Completed:</b> _____ The chapter must plan and execute two or more fund raising events during the year.
<input type="checkbox"/> <b>Initiations</b> <b>Date Completed:</b> _____ The chapter must perform their own full form initiation at least twice during the year using a minimum of 8 members. The Initiatory and DeMolay degrees may be performed on the same day or on separate days.	<input type="checkbox"/> <b>Social Events</b> <b>Date Completed:</b> _____ The chapter must plan and execute two or more social events during the year.
<input type="checkbox"/> <b>Obligatory Days</b> <b>Date Completed:</b> _____ The chapter must hold an observance for all seven Obligatory Days during the year following the guidelines set in the current State Officer Program guide.	<input type="checkbox"/> <b>Installations</b> <b>Date Completed:</b> _____ The chapter must plan and execute two public installation ceremonies with a minimum of 8 officers installed during the year.

\* All usages of "year" references the Indiana DeMolay programs operational year beginning July 1 and ending June 30

**With my signature below, I verify that the information on this form is accurate and that the items marked have met the criteria necessary for completion.**

Master Councilor \_\_\_\_\_

Date \_\_\_\_\_

Chapter Advisor \_\_\_\_\_

Date \_\_\_\_\_

# Indiana DeMolay Chapter Of The Year Program Chapter Questionnaire



All COTY forms must be received at the DeMolay office by July 1.

Chapter Name \_\_\_\_\_

## Section 1. General Information

Who have been your Chapter's Master Councilors in the past year? \_\_\_\_\_

Did they create and hand out a copy of their term plans at the start of their term? \_\_\_\_\_

How many Chapter Dads have you had in past year? \_\_\_\_\_ Name(s): \_\_\_\_\_

How many Council Chairmen have you had in past year? \_\_\_\_\_ Name(s): \_\_\_\_\_

Was your Per Capita paid on time? \_\_\_\_\_ Was your ACR submitted on time? \_\_\_\_\_

How many times has the Youth Protection video been shown? \_\_\_\_\_ When? \_\_\_\_\_

How many active Advisors and adult workers have worked with your Chapter this year? \_\_\_\_\_

List any other information or unusual circumstances the Selection Committee should know (i.e. our Lodge burned in September, our Chapter Dad suffered a stroke in December, etc.)

## Section 2. Membership and Initiations

How many members have joined your Chapter in the past two years? 2014-15 \_\_\_\_\_ 2015-16 \_\_\_\_\_

What is your Chapters approximate "Active Membership"?

\_\_\_\_\_ 1 to 10                      \_\_\_\_\_ 11 to 20                      \_\_\_\_\_ 21 to 30                      \_\_\_\_\_ over 30

What is the total number of members on the Chapter's roster?

\_\_\_\_\_ 1 to 25                      \_\_\_\_\_ 25 to 50                      \_\_\_\_\_ 50 to 75                      \_\_\_\_\_ over 75

How old is your Chapter? \_\_\_\_\_ Less than 5 years                      \_\_\_\_\_ 5 to 35 years                      \_\_\_\_\_ Over 35 years

Approximately how many of your members have attended at least one DeMolay function in the past year? \_\_\_\_\_

How many full form initiations did your Chapter perform in the past year? \_\_\_\_\_

Were any done entirely by the Chapter members ? \_\_\_\_\_ Were any completely performed without rituals? \_\_\_\_\_

Did your Chapter (min of 3 DeMolays) assist another Chapter in performing an initiation in the past year? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

\* All usages of "year" references the Indiana DeMolay programs operational year beginning July 1 and ending June 30

### Section 3. Chapter Operation

How often does your chapter "open and close" using officers and the DeMolay opening & closing ceremonies?

\_\_\_ Never                      \_\_\_ Rarely                      \_\_\_ Majority                      \_\_\_ Always

What % of the stations are filled by different active members, giving parts from memory (without the ritual)?

\_\_\_ 1 to 25                      \_\_\_ 25 to 50                      \_\_\_ 50 to 75                      \_\_\_ over 75

When did the Chapter first open and close without rituals?      Has it happened again?      If yes, how many times?  
\_\_\_\_\_ (mm/dd/yy)                      \_\_\_\_\_                      \_\_\_\_\_

How often does your Chapter have business meetings ? \_\_\_\_\_

#### Obligatory Days

Describe what your Chapter did to observe each Obligatory day this year, and the date it occurred. If you have already submitted this information on forms for a State Officer Program, you may attach copies of them to this questionnaire.

**Devotional Day**                      Date Observed \_\_\_\_\_                      Number participating \_\_\_\_\_

Brief description of the event:

**Patriot's Day**                      Date Observed \_\_\_\_\_                      Number participating \_\_\_\_\_

Brief description of the event:

**Educational Day**                      Date Observed \_\_\_\_\_                      Number participating \_\_\_\_\_

Brief description of the event:

**Day of Comfort**                      Date Observed \_\_\_\_\_                      Number participating \_\_\_\_\_

Brief description of the event:

**Section 3. Chapter Operation - Continued**

**Parent's Day**

Date Observed \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**My Government Day**

Date Observed \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Frank S. Land Memorial Day**

Date Observed \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Section 4. State Programs and Brotherhood**

Did your Chapter compete in a team event at the Indiana State Ritual Tournament? \_\_\_\_\_

If yes, list each: \_\_\_\_\_

Did your Chapter have 5 or more individuals compete in individual events at the Indiana State Ritual Tournament? \_\_\_\_\_

If yes, list each: \_\_\_\_\_

List all Indiana State Athletic tournaments in which the Chapter participated: \_\_\_\_\_

How many visitations have been completed in the past year? \_\_\_\_\_ List each in the space below:

Chapter visited	Date	Description of visit

Check this box if additional space was needed and additional visits are listed on a supplemental page.

### Section 5. Event Planning

List two events that your Chapter planned and executed this year of each type, and a brief description of the event .

**Civic Event 1**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Civic Event 2**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Masonic Service 1**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Masonic Service 2**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Fund Raising 1**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Fund Raising 2**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

### Section 5. Event Planning - Continued

List two events that your Chapter planned and executed this year of each type, and a brief description of the event.

**Social Event 1**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Social Event 2**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Installation of Officers 1**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

**Installation of Officers 2**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

### Section 6. Communications and Public Awareness

Did your Chapter publish four or more editions of a newsletter? \_\_\_\_\_ If yes, please attach copies.

Did your Chapter publish four or more editions of an e-letter? \_\_\_\_\_ If yes, please attach printouts.

Does your Chapter have a website? \_\_\_\_\_ If yes, was the content significantly updated at least quarterly? \_\_\_\_\_

Did your Chapter release any news briefs in your community newspapers? \_\_\_\_\_ If yes, please attach copies.

Did your Chapter run an ad in your community newspapers? \_\_\_\_\_ If yes, please attach copies.

Did your Chapter run an ad or get mentioned on a community radio station? \_\_\_\_\_ If yes, please include if possible.

Did your Chapter release any news briefs to DeMolay International or a Masonic magazine? \_\_\_\_\_ If yes, please attach

**Section 6. Communications and Public Awareness – Continued**

**DeMolay Month**

Did your Chapter obtain a DeMolay Month proclamation? \_\_\_\_\_ If yes, please attach a copy.

If a proclamation was obtained, was it publicized in a local newspaper? \_\_\_\_\_ If yes, please attach a copy.

Describe what your Chapter did to observe each precept, and the date it occurred. If you have already submitted this information on forms for a State Officer Program, you may attach copies of them to this questionnaire.

**Filial Love** Event Date \_\_\_\_\_ Number participating \_\_\_\_\_

Brief description of the event:

**Reverence** Event Date \_\_\_\_\_ Number participating \_\_\_\_\_

Brief description of the event:

**Courtesy** Event Date \_\_\_\_\_ Number participating \_\_\_\_\_

Brief description of the event:

**Comradeship** Event Date \_\_\_\_\_ Number participating \_\_\_\_\_

Brief description of the event:

**Fidelity** Event Date \_\_\_\_\_ Number participating \_\_\_\_\_

Brief description of the event:



**Section 6. Communications and Public Awareness – Continued**

**Cleanness**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

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**Patriotism**

Event Date \_\_\_\_\_

Number participating \_\_\_\_\_

Brief description of the event:

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**Section 7. Awards and Accomplishments**

Did your Chapter earn the Past Master Councilor Meritorious Service Award in the past year? \_\_\_\_\_

If yes, list each Master Councilor: \_\_\_\_\_

How many Chapter members earned their Representative DeMolay award this year ? \_\_\_\_\_

List each: \_\_\_\_\_

List other DeMolay accomplishments by your Chapter this year. Include individual and team awards such as LCC's, BHK's, ritualist pins, etc.


List specific Non-DeMolay related accomplishments by your Chapter members this year. This could be church, school and community accomplishments. *(i.e. 35% of the chapter's high school members made the high honor roll, 8 members went on various church mission's trips, H.S basketball MVP, 4 members are serving in the US Army, one state finalist in the middle school spelling bee, etc.)*


Check this box if additional space was needed and additional awards are listed on a supplemental page.

### Section 8. Self Reflection and Promotion

Describe one event where your chapter learned a great deal and explain how the chapter benefited (The event might have been a complete failure).

Other than Conclave what State event did your chapter most enjoy or most benefit from and why?

What has been your Chapters greatest area of improvement over the past year?

Tell the Selection Committee why your Chapter, on its own merits, should be selected Chapter of the Year.

Check this box if additional space was needed to answer a question and is attached on a supplemental page.