



CHAPLAIN'S MONTHLY REPORT

Ctg' {qw'c' Post ChaplainA' [gu "Pq "" "" "" Ctg' {qw'c District ChaplainA [gu "" "" "" Pq

Post Name, Number and City/Town: _____

Reporting Period: _____ to _____

Number of Cards sent to Bereaved, Birthday, or Encouragement: _____

Number of Phone Conversations (counseling, encouragement, etc.): _____

Number of Private Counseling Situations: _____

Number of Hospital Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of VA Hosp. Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Home Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Nursing Home Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Vet. Home Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Viewings This Month: _____ Mileage: _____ Hours Spent: _____

Number of Funerals This Month: _____ Mileage: _____ Hours Spent: _____

Number of Memorial Services: _____ Mileage: _____ Hours Spent: _____

Number of Special Events This Month: _____ Mileage: _____ Hours Spent: _____

Number of Other Chaplaincy Services: _____ Mileage: _____ Hours Spent: _____

Totals: _____ Mileage: _____ Hours Spent: _____

Chaplain's Name: _____

Date: _____

Chaplain's Phone #: _____

Chaplain's Email: _____

Send a copy of this report to your Post Commander, your Post Adjutant, and to the Department Chaplain

Rev. Peter R. Hook
Department Chaplain
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