

# DEPARTMENT OF ARIZONA MONTHLY CHAPLAIN REPORT

Due by the 10<sup>th</sup> of each month. / Email to [deptchaplain.az@gmail.com](mailto:deptchaplain.az@gmail.com) /  
Or Mail to Phil Erickson 1226 N Hilton Road, Apache Junction, AZ 85119

Month Reported (mm/yyyy): \_\_\_\_\_

Post #: \_\_\_\_\_ District: \_\_\_\_\_

Chaplain: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

Commander: \_\_\_\_\_ Email or Phone: \_\_\_\_\_

*(Contact information for both Chaplain and Commander is Required)*

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## PERSONAL CONTACTS (Hospital/Hospice/Home/Nursing Home)

Total Visits to Veterans: \_\_\_\_\_ Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ \$ \_\_\_\_\_

TRANSPORTATION TRIPS: \_\_\_\_\_ Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ \$ \_\_\_\_\_

*Please report only contacts and transportation trips for the direct benefit of Veteran(s). Other services may be included as Community Service*

## COMMUNITY SERVICE (e.g., Funerals/Memorials/Flag Raisings/Community events)

Total Events: \_\_\_\_\_ Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ \$ \_\_\_\_\_

*Report events in which the Chaplain is representing the VFW. This may include flag folding or POW/MIA ceremonies in public venues, including churches or community centers or parks.*

## CHAPLAIN TRAINING:

Attended live National Chaplain ZOOM \_\_\_\_\_ (Yes/No – Schedule TBA)

Viewed any past presentation \_\_\_\_\_ (Yes/No)

[//lotcs.org/vfw\\_chaplain.html](http://lotcs.org/vfw_chaplain.html) select Training tab