

DEPARTMENT OF ARIZONA MONTHLY CHAPLAIN REPORT

Due by the 10th of each month. / Email to chaplain@vfwaz.com

Month Reported (mm/yyyy): _____

Post #: _____ District: _____

Chaplain: _____ Email or Phone: _____

Commander: _____ Email or Phone: _____

(Contact information for both Chaplain and Commander is Required)

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 select Training tab