



CHAPLAIN'S QUARTERLY REPORT

Are You a Post Chaplain or District Chaplain: _____

Post Name, Number and City/Town: _____

Reporting Date: March _____ June _____ September _____ December _____

Number of cards sent out to Bereaved, Birthday, or Encouragement: _____

Number of Phone Conversations (Counseling, encouragement etc) : _____

Number of Private Counseling Situations: _____

Number of Hospital Visits this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of VA Hospital Visits this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of Home Visits this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of Nursing Home Visits this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of Vet Home Visits this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of Viewings this Quarter: _____ Mileage: _____ Hours Spent: _____

Number of Funerals this Quarter: _____ Mileage: _____ Hours Spent: _____

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

Number of Special Events this Quarter: _____ Mileage: _____ Hours Spent: _____

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

Totals: _____ Mileage: _____ Hours Spent: _____

Chaplain's Name: _____ Date: _____

Chaplain's Phone #: _____ Chaplain's Email: _____

Please send a copy of this report to your Post/District Commander, Post/District Adjutant and to the Department Chaplain.

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