



CHAPLAIN'S MONTHLY REPORT



Reporting period from _____ to _____

State _____ Post _____ District _____

Chaplain's Name _____

Phone _____ Email _____

Reporting as Chaplain from Post (Please Indicate on Line) _____ or District _____

Activity	Mileage	Hours spent	Additional cost
Number of cards sent for bereavement, birthday, or encouragement			
Number of Phone Conversations (counseling, encouragement, etc.)	N/A		
Number of Private Counseling Situations:			
Number of hospital visits this month:			
Number of VA Hospital visits this month:			
Number of home visits this month:			
Number of nursing home visits this month:			
Number of viewings this month:			
Number of funerals this month:			
Number of committals this month:			
Number of memorial services this month:			
Number of special events this month:			
Number of other Chaplaincy services:			
TOTAL			

FOR DISTRICT CHAPLAINS ONLY

Number of individual training sessions this month:			
Number of group training session this month either in person or by ZOOM			
TOTAL			

Save this form as a PDF file after data has been entered. Recomend saving as "Chaplain xxxx Month Year". (xxxx insert your Post Number) This way all data is saved.

Send a copy of this report to your Post Commander, your Post Adjutant, and to your Department Chaplain. It is preferred you send it by email.

STATE CHAPLAIN INFORMATION: VFW OK Dept. Chaplain Marcus King

send by email to State Chaplain
or send by postal service:

Marcus King

Chaplain Marcus King
PO Box 186
Edmond OK 73083

Email vfwokchaplain@outlook.com