



VETERANS OF FOREIGN WARS.



# GEORGIA

## CHAPLAIN'S MONTHLY REPORT

Post Number \_\_\_\_\_ District Number \_\_\_\_\_

Post City & State \_\_\_\_\_

Reporting for Month Ending \_\_\_\_\_

Number of Individuals Contacted this reporting period \_\_\_\_\_

Number of Cards sent to Bereaved, Birthday or Encouragement \_\_\_\_\_

Number of Private Counseling Situations \_\_\_\_\_

Number of Hosp. 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 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: \_\_\_\_\_

Send the completed report to [admin@georgiavfw.org](mailto:admin@georgiavfw.org)