

CHAPLAIN MONTHLY VOLUNTEER SERVICE REPORT

AGENCY:

REGION:

STATE:

REPORT FOR THE MONTH OF:

YEAR:

LAST NAME:		FIRST NAME:	M.I.
STREET:		POB#	
CITY:		STATE:	ZIP:
PHONE(S):		EMAIL:	

VOLUNTEER CHAPLAIN SERVICES PERFORMED

SPECIALTY	HOURS	SPECIALTY	HOURS
ADMINISTRATION		MEALS ON WHEELS / SOUP KITCHEN	
ANIMAL SHELTER		PRISON MINISTRY	
ASSISTED LIVING /HOSPITAL / HOSPICE		SCHOOL / COLLEGE	
CEREMONIES, MARRIAGES, FUNERALS, ETC.		VETERAN SUPPORT	
CLOTHES / FOOD DRIVES		VISITATIONS (HOME, HOSPITAL, ETC.)	
COMMUNITY / CORPORATE		YOUTH SUPPORT	
COUNSELING		OTHER VOLUNTEER CHAPLAIN SERVICES PERFORMED	HOURS
CRITICAL INCIDENT STRESS MANAGEMENT (CISM)			
EMERGENCY MEDICAL SERVICES			
FEMA / SHELTER / EMERGENCY MANAGEMENT			
FIRE DEPARTMENT			
LAW ENFORCEMENT			
TOTAL HOURS THIS COLUMN:		TOTAL HOURS THIS COLUMN:	

VOLUNTEER RELATED EXPENSES

ADMINISTRATIVE EXPENSES (PAPER, INK, MAILING, ETC.)	\$	PHONE	\$
CHARITABLE CONTRIBUTIONS (CHAPLAIN RELATED)	\$	OTHER (UNIFORM ITEMS, ETC.)	\$
MILEAGE _____ X .50/MILE	\$	TOTAL EXPENSES:	\$

IMPORTANT NOTES / FACTS / ITEMIZATION INFORMATION

PLEASE EMAIL TO [CHAPLAIN ANDREW@YAHOO.COM](mailto:CHAPLAIN_ANDREW@YAHOO.COM) BY THE 10TH OF EACH MONTH. THANK YOU FOR YOUR SERVICE!