

VFW DEPARTMENT OF FLORIDA

POST/DISTRICT CHAPLAIN'S QUARTERLY REPORT

POST AND DISTRICT CHAPLAINS SEND REPORTS TO DEPARTMENT CHAPLAIN:

CHAPLAIN@VFWFL.ORG

POST: _____ DISTRICT: _____

REPORT PERIOD/DATE: _____

SUBMITTED BY: _____ PHONE NUMBER: _____

NUMBER OF PHONE CALLS/HOME VISITS: _____

NUMBER OF HOSPITAL/NURSING HOME VISITS: _____

NUMBER OF CARDS SENT: _____

NUMBER OF FLAG PRESENTATIONS: _____

NUMBER OF VFW FUNERAL SERVICES: _____

OTHER SERVICES PERFORMED OR ATTENDED: _____

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DID YOU COLLABORATE WITH OTHERS WITHIN THE POST?

IF YES HOW? _____

IF NO, WHY? _____

**DID YOU COLLABORATE WITH OUTSIDE AGENCIES AND COMMUNITY
OUTREACH?**

IF YES HOW? _____

IF NO, WHY? _____

COMMENTS: _____
