

CHAPLAIN REPORT

NAME _____

DATE _____

SITE LOCATION _____

ASSOCIATION _____

REPORT TO _____

NUMBER OF CONTACTS

NUMBER COUNSELED/SHARED PLAN OF SALVATION

NUMBER PRAYED WITH

NUMBER OF MILES TRAVELED

NUMBER HOURS WORKED

PLEASE WRITE FOLLOW UP CONTACT INFORMATION ON REVERSE SIDE. LIST ANY SPECIAL REQUESTS OR NEEDS.



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