

CHAPLAIN & GOLD STAR

UNIT NO: _____ UNIT TOWN: _____ DISTRICT NO: _____

UNIT CHAPLAIN _____ ADDRESS _____

Total membership in your Unit _____

Number of members deceased from your Unit this reporting year: Sr. _____ Jr. _____

How many were Gold Star members? _____

Program Activities

Did your Unit:

- | | | | | |
|---|--|---|------------------------------|-----------------------------|
| 1 | Hold Memorial Services though you had no deceased members? | 1 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2 | Include Juniors in the ceremony? | 2 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3 | Drape the Unit's Charter for deceased members? | 3 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4 | List who received Memorial Donations: _____ | | | |

_____ \$ _____

- | | | | | |
|---|---|---|------------------------------|-----------------------------|
| 5 | Have a Four Chaplain Program? | 5 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6 | Include members of the Legion in presenting this program? | 6 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7 | Send donation to Department for the Chapel of Four Chaplains? | 7 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8 | Use Grace Cards? | 8 | <input type="checkbox"/> yes | <input type="checkbox"/> no |

How many _____ Where distributed _____

\$ _____

- | | | | | |
|----|--|----|------------------------------|-----------------------------|
| 9 | Participate with The Legion in observing Veterans Day? | 9 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10 | Participate with The Legion in observing Memorial Day? | 10 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11 | Participate with The Legion in observing Independence Day? | 11 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 12 | Make a prayer book for your Unit President? | 12 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 13 | Send a prayer for Department President's Prayer Book? | 13 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 14 | Send a prayer for the National President's Prayer Book? | 14 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15 | Use the Chaplain's Corner in "The Star" for your Chaplain's time? | 15 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 16 | Use the Reflection Page as a resource for your Chaplain activities | 16 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17 | Contribute to the Gold Star Fund? | 17 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 18 | Use the Prayer Chain? (Describe below) | 18 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 19 | Did you promote activities to learn more about the diversity of different faiths? How? | 19 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 20 | Did your Unit participate in Make A Difference day? How? _____ | 20 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 21 | Did your Unit participate in Healing Fields? How? _____ | 21 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 22 | Did your Unit participate in Community Support? How? _____ | 22 | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Do you have any suggestions for improving the Chaplain's program?

** Please put longer answers, suggestions or comments on the back side of this report or a separate sheet.