

## 2025-2026 UNIT CHAPLAIN'S REPORT FORM

Reporting Dates:  November 1, 2025     March 1, 2026     May 1, 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

**Unit does not have a Chaplain**

No. of Invocations: \_\_\_\_\_ Benedictions: \_\_\_\_\_

Charters Draped: \_\_\_\_\_ Memorial Services held: \_\_\_\_\_

Courtesies to Gold Star Families: \_\_\_ Dues \_\_\_ Cards \_\_\_ Gifts \_\_\_ Total Cost \_\_\_\_\_

Total amount of Memorial donations: \$. \_\_\_\_\_

Value of a volunteer hour \$34.79 \_\_\_\_\_

No. of Funerals attended: \_\_\_\_\_ No. of Members attended: \_\_\_\_\_

Grave markers placed \_\_\_\_\_ Total cost \_\_\_\_\_

Did your Unit prepare a Prayer Book for the Unit President? \_\_\_\_\_

Were Prayers sent in for the Department President's Prayer Book? \_\_\_\_\_

Were Prayers sent in for the National President's Prayer Book? \_\_\_\_\_

**\*\*\*\*\* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS \*\*\*\*\***

**4. Our Service Representing the ALA in Our Community**

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

**Send this report to your County Chaplain  
Keep a copy for your records**