

2026-2027 COUNTY CHAPLAIN'S REPORT FORM

Reporting Dates: ☐ November 10, 2026 ☐ April 10, 2027

Name: _____

Address: _____

Email: _____ Phone: _____

County: _____ District: _____

_____ **County does not have a Chaplain**

No. of Units in County _____ No. of Units reporting _____

No. of Invocations _____ Benedictions _____

Memorial Services held _____ Charters Draped _____

Courtesies to Gold Star Families: _____ Dues _____ Cards _____ Gifts _____ Total Cost _____

Total amount of Memorial donations: \$ _____

Value of a volunteer hour \$36.14 _____

No. of Funerals attended _____ No. of Members attended _____

Grave markers placed _____ Total cost _____

Did Units prepare Prayer Books for Unit President? _____ How many? _____

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 **Department Chaplain** and keep a copy for your records

Sherry Wilson
607-222-1248
nyalachaplain@gmail.com

