

2026-2027 UNIT CHAPLAIN'S REPORT FORM

Reporting Dates: ☐ November 1, 2026 ☐ April 1, 2027

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 \$36.14 _____

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**

