



CHAPLAIN OF THE YEAR AWARD (2018-19)

At the Council of Administration meeting held on Sunday, 13 August 2017 in Craig, Colorado, approval was given to present a Chaplain of the Year Award. The following criteria will constitute the basis for nominations, and also a proposed procedure and timeline to receive nominations for this award.

Chaplain of the Year Criteria

1. Performance of Duties:
 - A. Exemplary conduct of normal duties: e.g., attendance, dependability, punctuality, timely submission of Chaplain's Reports, etc.
 - B. Exemplary performance above and beyond the normal expectation of the position and duties.
2. Personal attitude which is positive and professional in all contacts with others and which represents the Veterans of Foreign Wars and Post in the best possible way.
3. Commitment to the ministry and duties of the Chaplain, as reflected by service to comrades, their families, the community and responsiveness to needs.
4. A member of the Veterans of Foreign Wars in good standing with the Post, District, and Department.

Review Committee Composition and Instructions

1. A committee assembled by the State Chaplain will review nominations for the award and recommend a recipient.
2. The committee shall include:
 - A. The State Chaplain
 - B. A Past State Chaplain
 - C. Past National Chaplain, John Holland
 - D. The most recent past recipient of the Chaplain of the Year Award



CHAPLAIN'S MONTHLY REPORT (2018-19)

Are you a Post Chaplain? Yes ___ No ___ Are you a District Chaplain? Yes ___ No ___

District/Post Number, Name and City/Town: _____

Reporting Period (Monthly): _____ to _____

Number of Cards sent to Bereaved, Birthday, or Encouragement: _____

Number of Phone Conversations (Counseling, Encouragement, etc.): _____

Number of Private Counseling Situations: _____ Mileage: _____ Hours Spent: _____

Number of VA Hosp. Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Hospital Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Vet. Home Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Home Visits This Month: _____ Mileage: _____ Hours Spent: _____

Number of Viewings This Month: _____ Mileage: _____ Hours Spent: _____

Number of Funerals This Month: _____ Mileage: _____ Hours Spent: _____

Number of Memorial Services: _____ Mileage: _____ Hours Spent: _____

Number of Special Events This Month: _____ Mileage: _____ Hours Spent: _____

Number of Other Chaplaincy Services: _____ Mileage: _____ Hours Spent: _____

Number Bible Studies you led This Month: _____ Mileage: _____ Hours Spent: _____

Totals: _____ Mileage: _____ Hours Spent: _____

CHAPLAIN'S NAME: _____ DATE: _____

(Print and Sign)

Send a copy of this report to your Post Commander, District Chaplain, and the State Chaplain.

Kevin Reinhold
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