

THE AMERICAN LEGION - DEPARTMENT OF OREGON

2019-2020 QUESTIONNAIRE

NUMBER 23 – CHAPLAIN OF THE YEAR

**“OUTSTANDING POST CHAPLAIN”
DEPARTMENT OF OREGON**

COMPLETED FORM DUE AT DEPARTMENT BY MAY 15, 2020.

Please Print or Type

Post Name _____

Post No. _____

Number of members in Post _____

Date _____

Name of Post Chaplain _____

The annual award and trophy will be presented at the Department Convention, as determined by the Department Chaplain.

1. Number of Post Internal Activities such as Memorials, Funerals and Post Special Services hosted by the Post Chaplain. Please give details below:

2. Number of Direct Services provided in the aid of Veterans and Family Members such as Veterans Activities and Seminars, Direct Personal Assistance, Employment Referrals, Financial Assistance. Please give details below.

3. Did the Chaplain conduct a special service for the Four Chaplains? Yes ___ No ___

Please submit a written statement of 500 words or less. The narrative should include accomplishments of the Post Chaplain.

Commander _____ Adjutant _____
Signature Signature

Judged and presented by: Department Chaplain