



**SON'S OF THE AMERICAN LEGION CHAPLAIN OF THE YEAR**

**NUMBER 33 – SAL CHAPLAIN OF THE YEAR**

**“OUTSTANDING SQUADRON CHAPLAIN”**

**Completed Form Due to The American Legion Department May 1 Annually**

**Department of Oregon  
PO Box 1730  
Wilsonville, OR 97070**

Please Print or Type

Squadron Name \_\_\_\_\_ Squadron No. \_\_\_\_\_

Number of members in the Squadron \_\_\_\_\_ Date \_\_\_\_\_

**Name of SAL Chaplain** \_\_\_\_\_

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

1. A number of Squadron Internal Activities such as Memorials, Funerals, and Squadron Special Services are hosted by the Squadron Chaplain. Please give details below:

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2. A number of Direct Services are provided in the aid of Veterans and Family Members such as Veteran's Activities and Seminars, Direct Personal Assistance, Employment Referrals, and Financial Assistance. Please give details below.

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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 the accomplishments of the Squadron Chaplain.**

Commander \_\_\_\_\_  
Signature

Adjutant \_\_\_\_\_  
Signature

**Judged and presented by Detachment Chaplain**