



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 17th 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:

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.

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