



# Vocational Chaplain Monthly Report Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has your contact information changed since your last report? No Yes (If yes please update below.)

Work email: \_\_\_\_\_

Personal email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

FAIR SHARE Contribution to COG Chaplains Commission \$ \_\_\_\_\_

Submitted by: Paper check Electronic Check Paypal Mil Allotment Other

Special Needs/Prayer Requests:

Significant Activities:

Awards/Recognition/Promotion:

Print and mail report to:

Email the form by clicking below

Church of God Chaplains Commission  
P.O. Box 3330  
Cleveland, TN 37320-3330

**OR**

Phone: 423-478-7706

Fax: 423-478-7954

E-Mail: [chapcm@cogchaplains.com](mailto:chapcm@cogchaplains.com)