

Chaplain's Check-In Report

Name:

Agency:

Date:

Vocational Full-time Part-time Bi-Vocational Non-vocational / Volunteer

Reporting Period:

January to June

July to December

Form of chaplaincy you serve in:

Community Corrections Health Care Corporate Campus Sports

Armed Forces Education Emergency Services Police Other: _____

Types of help offered:

Emotional/Mental Health Relationship Health Recovery Spiritual Direction

HIS-story: [highlight one or two God stories to honor God's faithfulness which can also be shared to encourage chaplains in our association]

How can we support and pray for you?

Chaplain's Church Link Agreement Annual Review: It is highly recommended that a chaplain has entered into a *Church Link Agreement* with their local church. A part of the Church Link Agreement is to have an annual review between the chaplain and the church. If review was conducted in the time-frame of this check-in report, please indicate date and with whom the review was conducted:

Date: _____ Church _____ Reviewer: _____

Association of Alliance Chaplains

Please submit this report to your District Office and copy alliancecompassion@cmacan.org

