

# MONTHLY WFM CHAPLAIN COMMUNITY SERVICE FORM

MONTH/YEAR:

COMPANY:

CHAPLAIN NAME:

DAY(S)	DESCRIPTION OF SERVICE	LOCATION	HOURS SERVED	TRAVEL HOURS	SERVICE HEADING

Community Service Hours:      Counseling Hours:      Crisis Response Hours:      First Responder Hours:  
Meetings Hours:      Missions Hours:      Rapid Response Hours:      Veterans Hours:      Training Hours:  
**TOTAL HOURS SERVED:                          TOTAL HOURS TRAVELED:**