

THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

ASSOCIATE REFORMED PRESBYTERIAN CHURCH
CUMBERLAND PRESBYTERIAN CHURCH IN AMERICA

CUMBERLAND PRESBYTERIAN CHURCH
PRESBYTERIAN CHURCH (U.S.A.)

4125 NEBRASKA AVENUE, N.W., WASHINGTON D.C. 20016-2790 -- TEL. (202) 244-4177

Send this Report each March and September by Email to: info@pccmp.org

REPORT PERIOD ENDING	
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** see "Report to Presbytery" offer below

CHAPLAIN'S SEMI-ANNUAL REPORT (March and September)

Name:	
Service:	
Rank:	
Office Phone:	() -
Home Phone:	() -
Mobile/Pager:	() -
Office E-mail:	
Duty Address:	
(Include Unit)	

Type of Assignment	Administrative <input type="checkbox"/>	Pastoral <input type="checkbox"/>	Student <input type="checkbox"/>	Other
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INFORMATION TO PRESBYTERY

Parent Presbytery		Denomination	
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Have you received correspondence from your home presbytery in the past quarter?

(Request communication from your presbytery; send reports and correspondence to your presbytery regularly.)

What presbytery are you in or near?		Its denomination	
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Have you reported your presence?		Have you received invitation to presbytery meetings?	
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(It is important to report your presence and try to attend meetings as often as possible.)

I request a copy of the FRONT PAGE ONLY of this report sent to my presbytery.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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NARRATIVE REPORT TO PRESBYTERY

(Please use civilian language to describe your ministry. Include special projects and significant events in this quarter. Relate requests of how your home presbytery can assist you.)

Signature (if mailed) or TYPE name if sent electronically		Date	
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INFORMATION TO THE COUNCIL
Primary Activities applicable to your assignment

ACTIVITIES: Check appropriate ministries performed this quarter.

<input type="checkbox"/>	Chapel Leadership	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Administration
<input type="checkbox"/>	Duty Station Worship	<input type="checkbox"/>	Visitations	<input type="checkbox"/>	Special Project
<input type="checkbox"/>	Study Classes	<input type="checkbox"/>	Lead Civilian Worship	<input type="checkbox"/>	Deployment/TDY

Please describe in narrative below.

STATUS REPORT:	Date selected for promotion	Promotion effective date	Grade
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STATUS CHANGE:	Release date	Resignation date	Retirement date
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Next Assignment Known?		Where?	Approximate PCS date
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NARRATIVE REPORT TO COUNCIL OFFICE

(Please utilize this space for personal comments regarding your ministry, your family, your tour of duty, etc., and suggestions as to how the staff can assist you.)

Home Address:	
Home Phone:	
Home E-mail:	
Cell Phone:	