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| <b>AMERICAN LEGION AUXILIARY<br/>DEPARTMENT OF GEORGIA<br/>CHAPLAIN ANNUAL REPORT<br/>2025 – 2026</b>                                                                                                              |  |                              | Please complete and submit the report form and narrative no later than May 1, 2026 to the<br>Department Chaplain: Kelli McIver<br>200 Covington Cv, Byron, GA 31008<br>(478) 396-4618 Email: mciverkelli@gmail.com |                              |  |
| Unit #                                                                                                                                                                                                             |  | District #                   |                                                                                                                                                                                                                    | Town/City                    |  |
| Name of Unit Chaplain or other member submitting report:                                                                                                                                                           |  |                              |                                                                                                                                                                                                                    |                              |  |
| Address:                                                                                                                                                                                                           |  |                              |                                                                                                                                                                                                                    | City ST Zip:                 |  |
| Phone #:                                                                                                                                                                                                           |  | Email:                       |                                                                                                                                                                                                                    |                              |  |
| Number of Unit Members:                                                                                                                                                                                            |  |                              |                                                                                                                                                                                                                    |                              |  |
| 1. Did your unit participate with the Legion Family in observing <b>Veterans Day</b> ?                                                                                                                             |  | <input type="checkbox"/> Yes | If yes, number of members participating:                                                                                                                                                                           |                              |  |
|                                                                                                                                                                                                                    |  | <input type="checkbox"/> No  | In a narrative summary, explain what activities took place and how the unit was involved.                                                                                                                          |                              |  |
| 2. Did your unit participate with the Legion Family in observing <b>Independence Day</b> ?                                                                                                                         |  | <input type="checkbox"/> Yes | If yes, number of members participating:                                                                                                                                                                           |                              |  |
|                                                                                                                                                                                                                    |  | <input type="checkbox"/> No  | In a narrative summary, explain what activities took place and how the unit was involved.                                                                                                                          |                              |  |
| 3. Did your unit participate with the Legion Family in observing <b>Memorial Day</b> ?                                                                                                                             |  | <input type="checkbox"/> Yes | If yes, number of members participating:                                                                                                                                                                           |                              |  |
|                                                                                                                                                                                                                    |  | <input type="checkbox"/> No  | In a narrative summary, explain what activities took place and how the unit was involved.                                                                                                                          |                              |  |
| 4. Did your Unit prepare a Prayer or Devotional Book encouraging member participation?                                                                                                                             |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> Yes |  |
|                                                                                                                                                                                                                    |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> No  |  |
| 5. Was your Unit Prayer Book submitted to District for judging?                                                                                                                                                    |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> Yes |  |
|                                                                                                                                                                                                                    |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> No  |  |
| 6. Was your Unit Prayer Book submitted to Department for judging?                                                                                                                                                  |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> Yes |  |
|                                                                                                                                                                                                                    |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> No  |  |
| 7. Did your Unit send prayers to Department or National Chaplain?<br><b>In the narrative summary, share details of how many and what was sent to Department/National Chaplain(s).</b>                              |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> Yes |  |
|                                                                                                                                                                                                                    |  |                              |                                                                                                                                                                                                                    | <input type="checkbox"/> No  |  |
| 8. Did your chaplain/unit initiate distribution of card, emails, or other correspondence to members?<br><b>In a narrative summary, share details of types and cost, and other information. Do not share names.</b> |  | <input type="checkbox"/> Yes | If yes, how many Cards of Sympathy/Condolence?                                                                                                                                                                     |                              |  |
|                                                                                                                                                                                                                    |  | <input type="checkbox"/> No  | If yes, how many Get well/encouragement cards                                                                                                                                                                      |                              |  |
|                                                                                                                                                                                                                    |  |                              | If yes, how many Phone Prayer Trees?                                                                                                                                                                               |                              |  |
|                                                                                                                                                                                                                    |  |                              | If yes, how many Social media posts (Facebook, etc.)                                                                                                                                                               |                              |  |

**Please attach a narrative summary of up to 1,000 words of activities your Unit initiated with a religious or spiritual emphasis.** Provide information relevant to each event or activity and include: details such as 1) how the unit reported the names of members to the unit (privately) and how the unit processed the sending of sympathy cards to family members; 2) if the Chaplain visited funerals and conducted memorials for deceased members; 3) how the Chaplain was in charge of religious services for the unit; 4) if the Chaplain visited members and veterans in nursing homes or those who are shut-ins; 5) how the unit Chaplain or other members of the unit kept in contact with Gold Star Families and remembering them on holidays; 6) Volunteering at community projects. Please remember the American Legion Auxiliary does not promote any one religion. We must not offend anyone by promoting only one religion.

Report Revised 2025