

KANSAS VETERANS OF FOREIGN WARS

CHAPLAIN'S PROGRAM 2017-2018

PURPOSE: To promote Mission of VFW by involvement of our Chaplains in their Communities.

1. To encourage our Post Chaplains to be involved
 - a. Giving purpose
 - b. Providing direction
2. To equip our Post Chaplains
 - a. by conducting Chaplain's Workshops
 - i. Department School of Instruction-(Friday 2:00-4:00 PM)
 - ii. Area Workshops hosted by local VFW Posts (looking for Posts to host a workshop-providing a place to meet)
 - b. By being available to advise and/or assist
 - i. To help utilize resources gained from Chaplain's Workshop
 - ii. Working with our District Chaplains
 - iii. To Help Post Chaplains as needed

RECOGNITION: To Award a "Chaplain of the Year" to a Kansas VFW Chaplain. The Kansas Chaplain of the Year will be submitted to National for consideration for National Chaplain of the Year. Chaplains of the Year prior to 2016-2017 can be nominated again if they have not been recognized as a National Chaplain of the Year.

1. To recognize for activities of Involvement that can include:
 - a. Performance of Duties:
 - i. One who reaches out to the local veterans in their homes, retirement center, nursing home, assisted care facility or Veteran's home.
 - ii. Visit the sick Veteran or their family at home or in the hospital
 - iii. Send cards to Veterans and to their Families for various occasions.
 - iv. Conducts, supports and/or takes part in Funerals and Memorials for Veterans and their families
 - v. Take part in Special Ceremonies of their Post and in the Community on behalf of their Post
 - vi. How their involvement in the community has promoted the VFW image.
 - b. Exemplary character and conduct: e.g., A person of upmost integrity, professional execution of duties, dependability, punctuality, and timely submission of reports, etc.
 - c. Exemplary performance above and beyond the normal expectations of the position and duties.
 - d. Personal attitude which is positive and professional in all contacts with others and which represents the VFW and the Department in the best possible way.
 - e. Commitment to the ministry and duties of the Chaplain, as reflected by service to comrades and their families and responsiveness to needs.
 - f. A member of the VFW in good standing with the Post, District, and Department
 - g. Monthly submission of the Chaplain's Report: that can be submitted on line:
<http://vfwchaplain.puptent1.org/> Save a copy and email to your District Chaplain and to your

State Chaplain. (these reports are very helpful to determine what you as a Chaplain are doing each month and to help in consideration of receiving Chaplain of the Year Award.

2. Nominations to be submitted by someone in the Post
 - a. State Chaplain's Name, Post #, Address, phone # and email (if one)
 - b. In a letter, give a brief summary statement of their activities. Chaplain's Monthly Reports and any Public Media and Social Media Coverage is very helpful.
 - c. State how your Chaplain has fulfilled the requirements listed above in point 1:a-f.
 - d. Nomination sent to Department Chaplain and copy your District Chaplain **by March 1st**
 - e. Last year's Chaplains of the Year will be called upon to assist the Department Chaplain in selecting the current year's Kansas Chaplain of the Year.
3. Department Chaplain of Year will be recognized at the Department Convention
 - a. Recognition Certificate
 - b. Check for \$50.00
4. April 1 the Department Chaplain of the Year will be submitted for consideration for the National Chaplain of the Year.

Jim Jenkins / State Chaplain – Dept. of Kansas Veterans of Foreign Wars
647 N Nettleton Ave. / Bonner Springs, KS 66012
kschaplain@att.net cell 913-302-7620

KANSAS VFW CHAPLAIN'S REPORT

BEFORE FILLING OUT THIS FORM-PLEASE NOTE: Report only the events that you were involved in as a Post or District Chaplain. Your church activities, unless veteran related, should not be listed on this report.

FROM_ (201_) TO _ (201_) (Beginning of the month being reported) (End of the month being reported)

CHAPLAIN'S NAME (PLEASE PRINT)

POST # _ (CITY) _ DISTRICT # _ DISTRICT CHAPLAIN (YES/NO)

NO. HOSPITAL VISITS THIS MONTH _ MILEAGE_ HOURS SPENT _

NO. HOME VISITS THIS MONTH _ MILEAGE_ HOURS SPENT _

NO. NURSING HOME VISITS THIS MONTH _ MILEAGE__ HOURS SPENT _

CHARTER DRAPED FOR _ MEMBERS

FUNERALS CONDUCTED/ATTENDED _ MILEAGE _ HOURS SPENT _

MEMORIALS CONDUCTED/ATTENDED _ MILEAGE _ HOURS SPENT __

RITUALS CONDUCTED/ATTENDED _ MILEAGE __ HOURS SPENT _

(CARDS SENT)

GET WELL _ SYMPATHY _ THINKING OF YOU_ TOTAL _

COMMENTS:

CHAPLAIN'S SIGNATURE _____

SEND THIS REPORT TO: YOUR DISTRICT CHAPLAIN AND/OR COPY YOUR STATE CHAPLAIN (copies may be emailed to State Chaplain),

DISTRICT CHAPLAINS': SEND YOUR REPORTS TO: STATE CHAPLAIN

If you need guidance, Have Any Questions, or Suggestions contact:

JIM JENKINS, kschaplain@att.net or 913-302-7620 Or write

647 N Nettleton, Bonner Springs, KS 66012

