

Formstack Daily Report - Chaplaincy

Report Date _____ **Unit Number/Team Name** _____
Unit/Team Leader Name _____ **Phone:** _____
Can receive texts? Yes or No **Email:** _____

Items to report – Illness or Injury, Equipment issues, other: _____

Morning Devotion/Meeting Yes or No **Evening Debrief:** Yes or No

Volunteer Days SBDR (1 day per member) _____
Volunteer days other (non SBDR, 1 day per member) _____

Ministry contacts: _____ (Non-chaplains only)
(includes prayer, spiritual discussion, encouragement conversations, spiritual tracts given by any team member)

Chaplaincy contacts _____
(includes prayer, spiritual discussion, encouragement conversations, spiritual tracts given by chaplain)

Gospel presentations _____
(# of individuals your teams shared the plan of salvation with that ended with an invitation to pray to receive Jesus)

Professions of faith _____
Other decisions _____
Bibles distributed _____
Tracts distributed _____
Needs follow-up Yes _____ No _____ (If you have names for Emotional/Spiritual Care follow-up, check YES.)

_____ Supporting ARC Feeding Operation
_____ Supporting TSA Feeding Operation
_____ Other Mass Feeding Operation
_____ Feeding volunteers
(Check all that apply at this site)