

CONFERENCE CHAPLAIN'S REPORT

Northeastern Iowa Synod

Conference _____

Name _____

Year of Service _____

Date _____

1. Visitation of rostered persons and/or their family members:

Hospital Visits _____ (Comments)

Home Visits _____ (Comments)

Telephone Visits _____ (Comments)

Workplace or neutral site Visits _____ (Comments)

Nursing Home/retirement facility Visits _____ (Comments)

2. Referrals _____

3. Worship events arranged or conducted in the role of Conference Chaplain _____

4. Continuing Education or retreats arranged as Chaplain _____

5. Meetings with other chaplains/synod staff _____

6. Visitation Travel Expenses:

Miles _____

Fees _____

Please share any information that it would be helpful for the bishop to know about your year of service to your Conference and Synod: