

CONFERENCE CHAPLAIN'S REPORT
NORTHEASTERN IOWA SYNOD

Conference: _____ Date: _____

Name: _____ Years of Service: _____

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

Number of hospital visits: _____ Comments:

Number of home visits: _____ Comments:

Number of telephone visits: _____ Comments:

Number of workplace or neutral site visits: _____ Comments:

Number of 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 would be helpful for the bishop to know about your year of service to your Conference and Synod:

After completing this form, print and email to WebAdmin@neiasynod.org or fax to 319-352-1416.