

**2024-2025 American Legion Auxiliary
Department of New York
Chaplain**

Department Chairman

**Sally Johnston
PO Box 64
Eagle Bridge, NY 12057
C: 518-353-1517
Email - nyalachaplain@gmail.com**

RESPONSIBILITIES OF AN AMERICAN LEGION AUXILIARY CHAPLAIN

The chaplain should attend all meetings and have an opening and closing prayer at each meeting. These prayers may come from any source: Reflections in the quarterly Auxiliary magazine, www.ALAforVeterans.org, self-composed prayers, or those found elsewhere.

As a chaplain, the most important thing for you to remember is that the American Legion Auxiliary does not promote any one religion. We must not offend anyone by promoting our own religion.

Suggested activities:

- Reporting the names of members who are ill and sending them cards
- Sending sympathy cards to family members. If possible, visiting the funeral and doing a memorial service for the deceased member.
- Being in charge of religious services for the unit.
- Visiting members and veterans in nursing homes or those who are shut-ins.
- Keeping in contact with Gold Star Families and remembering them on holidays.
- Volunteering at community projects.
- Making a prayer book or devotional book. In doing this, encourage member participation.
- Complete a death notice for all members. Send it to the Department Chaplain promptly for best follow up.
- Ceremonies may be found in the Manual of Ceremonies of American Legion Auxiliary

Please remember to send a prayer for Department President Kim's Prayer Book. The goal is to have at least 100 prayers for this special book. Please send them to the Department Chaplain by May 1st to be included in the book.

Additional Resources You Can Use

1. www.ALAforVeterans.org:
 - a. American Legion Auxiliary Unit Guidebook
 - b. Guidelines for National Chaplain of the American Legion Auxiliary
 - c. Chaplains' Prayer Book of the American Legion Auxiliary

CHAPLAIN - DEATH NOTICE
2024-2025
(Please print or type)

Name of Deceased: _____ ID# _____

Unit Name & No. _____ County: _____

Date of Death: _____ Senior member _____ Junior Member _____

Charter Member: _____ Life Member: _____ Gold Star Mother: _____

** (See below for definitions)

Past President: Unit _____ County: _____ District: _____ Department: _____ National _____

(Must have complete and correct address to send card)

Relationship of person receiving sympathy card: _____

Sympathy card to be sent to: _____

Complete address: _____
Street City State Zip

UNIT CHAPLAIN: _____ Tel#: _____

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**** Definitions ****

Charter Member –When a Unit is organized and a Charter is approved and granted, all applicants paying their dues may sign the Charter. (Transfer members may sign also.)

Life Member – Is when a Unit honors an outstanding member and confers a Life Membership to her (only after the approval of the Dept. Secretary). Her dues are then paid by the Unit.

Gold Star Mother – Is a mother whose son or daughter died while serving in the Armed Forces of the United States during specific war and hostility dates.

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Send this report to: Department Chaplain in a timely manner and the Department Office
Sally Johnston
PO Box 64
Eagle Bridge, NY 12057
C: 518-353-1517
[**nyalachaplain@gmail.com**](mailto:nyalachaplain@gmail.com)

UNIT CHAPLAIN'S REPORT FORM 2024 – 2025

Reporting Dates: November 1, 2024 April 1, 2025

Name of CHAPLAIN: _____ UNIT: _____

_____ **Unit does not have a Chaplain**

No. of Invocations: _____ Benedictions: _____

Charters Draped: _____ Memorial Services held: _____

Courtesies to Gold Star Families: ___ Dues ___ Cards ___ Gifts ___ Total Cost _____

Total amount of Memorial donations: \$. _____

Value of a volunteer hour \$33.49 _____

No. of Funerals attended: _____ No. of Members attended: _____

Grave markers placed _____ Total cost _____

Did your Unit prepare a Prayer Book for the Unit President? _____

Were Prayers sent in for the Department President's Prayer Book? _____

Were Prayers sent in for the National President's Prayer Book? _____

******* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *******

4. Our Service Representing the ALA in Our Community

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

Send this report to your County Chaplain

Keep a copy for your records

COUNTY CHAPLAIN'S REPORT FORM 2024 – 2025

Please compile all unit reports using this form.

Reporting Dates: **November 10, 2024** **April 10, 2025**

Name of CHAPLAIN: _____

_____ **County does not have a Chaplain**

No. of Units in County _____ No. of Units reporting _____

No. of Invocations _____ Benedictions _____

Memorial Services held _____ Charters Draped _____

Courtesies to Gold Star Families: _____ Dues _____ Cards _____ Gifts _____ Total Cost _____

Total amount of Memorial donations: \$ _____

Value of a volunteer hour \$33.49 _____

No. of Funerals attended _____ No. of Members attended _____

Grave markers placed _____ Total cost _____

Did Units prepare Prayer Books for Unit President? _____ How many? _____

Were prayers sent in for the Department President's Prayer Book? _____

Were prayers sent in for the National President's Prayer Book? _____

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Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
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