



PCCMP Chaplain Annual Report Department of Veterans Affairs

Your Name: _____

Today's Date: _____

Would you like generic info to be sent to your Presbytery? Yes No

Location (Medical Center/Clinic/Other): _____

Pay Status (choose one): Full Time Part Time Hourly Other

Current Position: _____

Preferred email: _____ Secondary email: _____

Preferred phone: _____ Secondary phone: _____

Home address: Street _____ City _____ State ____ Zip

Spouse/Next of Kin: _____

Spouse/Next of Kin address if different than above: _____

Denomination: PC (USA) CPC CPCA KPCA Presbytery: _____

Items of Interest to the Council (concerns, promotion, awards, family changes, upcoming orders, other)

A ministry story or stories to share (I like to share stories with our ministry partners and partnering organizations. This helps them as they pray for your ministry and rejoice in the work the Lord is doing through you). (please continue on next page as needed)

Please complete and return by December 31 each year. You may send [to info@pccmp.org](mailto:info@pccmp.org) or send via USPS to 4125 Nebraska Ave NW, Washington DC 20016

PCCMP Chaplain Annual Report Form - continuation

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