



## 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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