

Chaplain Statistical Report (See Instructions on Reverse)

Reporting Period				
From (MMM YY)		To (MMM YY)		Date of Report (MMM DD YY)
Charter Number		Name		CAPID
Day Phone	Evening Phone	Fax	E-mail	

Address

Check Status

CAP Chaplain
 MLO
 Reservist
 Community Clergy
 Other (specify)

Moral Leadership Officers
 Complete only items marked below with an asterisk where activity was performed as an MLO

CAP Activities You Participated In	Number of Activities	Hours Spent	Miles Traveled	Cost
Worship Services You Led				
Counseling				
Pastoral Visits				
Actual SAR/DR Missions as Chaplain				
Training SAR/DR Missions as Chaplain				
*CAP Colleges and Other Training				
*Moral Leadership Seminars				
*Cadet Encampments				
*CAP Meetings, Conferences, etc.				
*Promotional Activities				
Support to AF Chaplain Service				
Other Military Support (Army, Navy, etc.)				
Chaplain Radio Net				
*Other (specify)				
Total				A

*Other Expenses Reported		CAP Activities You Participated In/Cost "A" PLUS Other Expenses Reported/Cost "B"
Item	Cost	
Telephone Calls		
Clergy Vestments		
CAP Radio Costs		
Administrative Costs		
Uniform Items		
Pastoral Supplies		
Military Chaplain Assoc.		
Other (specify)		
Total	B	Total

Training You Recently Completed

Last Region Chaplain College you attended

Indicate any CAP or other training you completed during this reporting period

Check highest level of Senior Training you have completed

Level 1

Level 2

Level 3

Level 4

Level 5

Sound Off Box (Describe any problems you may be having in your role as Chaplain or MLO)

Instructions for completing CAPF 34

1. **Please TYPE OR PRINT** all information so others can read it. This form was designed to help you keep track of money you spent in performing your official CAP duties. You are encouraged to keep accurate receipts when reporting your volunteer work to the Internal Revenue Service. You may find it helpful to complete this form monthly or quarterly. CAPR 265-1 requires you to send a 6-month report to your wing chaplain.

2. **Be ACCURATE in your reporting.** These statistics will be used in national reports and accuracy is important. Count any activity you do only once. For example, if you attend a staff meeting during a cadet encampment, show it only as time spent at a cadet encampment. If you are reporting a new address be sure to report it to your unit and make the change at Services or by mail to NHQ CAP/LMM, 105 S. Hansell St, Maxwell AFB AL 36112-6332.

3. **NUMBER OF ACTIVITIES, HOURS SPENT, MILES TRAVELED:** Show the total number for each of these.

4. **WORSHIP SERVICES YOU LED:** Include weddings or funerals you participated in as a CAP chaplain.

5. **COUNSELING:** In addition to individual pastoral counseling, include any participation you may have had as a member of a Critical Incident Stress Management team.

6. **PASTORAL VISITS:** Include headquarters visits, home visits, hospital visits, etc.

7. **ACTUAL SAR/DR MISSIONS AS CHAPLAIN:** If you participated on an actual Search and Rescue or Disaster Relief mission, please complete an after-action report and send a copy of your comments to NHQ CAP/LMC, 105 S. Hansell St, Maxwell AFB, AL 36112-6332.

8. **PROMOTIONAL ACTIVITIES:** If you go to a church, civic group (i.e., Rotary Club, Kiwanis, Chamber of Commerce, etc.), or any activities to talk about the CAP, list your time and expense.

9. **SUPPORT TO AIR FORCE AND OTHER MILITARY CHAPLAIN SERVICE:** If an Air Force member asks you for support in any way, please indicate the date(s), hours spent, etc. you gave to providing support. If you are asked to do a military funeral not connected with CAP, show your support in this block NOT under worship services you led.

10. **SENDING REPORT:** Squadron chaplains and MLOs give a copy of this report to their Squadron Commander and wing chaplain. Region chaplains and chaplains serving on the national level send their form to the Chief, CAP Chaplain Service. Wing chaplains and the Chief compile information from CAPFs 34 and submit a CAPF 34a to the Secretary, Chaplain Service Advisory Council.

11. **ENDORISING AGENT:** It is important for chaplains to send a completed copy of this form to their endorser. Please specify the date (Month & Year) of your last endorsement as a CAP Chaplain?