

CHAPLAIN RECOGNITION AWARD PROGRAM



Beth West
6500 Verona Place
Round Rock, TX 78665
512-848-0093
bethvfwaux@gmail.com

Chaplains are one of the hardest working, behind-the-scenes, officers in your Auxiliary. They are responsible for the cards, calls, emails, and visits that are centered around care and concern for our members. These are sent without fanfare and, unless you are the recipient, without notice. They are not the President making official visits, emails and/or offering mentoring nor are they the Secretary sending official communications. They are the embodiment of the heart of our Auxiliary, sending love, care, and concern for our members and those important to the Auxiliary. What we do see is prayers and the Memorial Service.

This program, designed by Past Department President Linda Henry, was created to honor those unsung shoulders we all lean on in times of emotional struggle. We continue that tradition in this State program.

We also have many reports and deadlines during the year. To not add to that burden, we will not require monthly reports. There will only be the year-end reporting requirement. The requirements for participation in this program are to track all cards, calls, emails, visits, actions, and/or other ways you impart your Auxiliary's love to those who are in need of emotional support such as comfort during a bereavement, well wishes during an illness or injury, congratulations on a nuptial, etc.

AWARDS FOR CHAPLAIN PROGRAM

AWARD #1: Award to Outstanding Auxiliary Chaplain in each membership division.

AWARD #2: Award to Outstanding District Chaplain in each membership division.

29

**“Thankful & Grateful for the Sacrifice”
“From Our Roots to Our Branches, Extending Service to Our Veterans”**

**CHAPLAIN RECOGNITION PROGRAM
YEAR-END REPORT**

Report is due by April 10, 2025
to: Chaplain Beth West (bethvfwaux@gmail.com)

REPORT IS FOR: Auxiliary District

Auxiliary Number: _____ District: _____

Chaplain's Name: _____

Number of cards sent:

- _____ Anniversary
- _____ Birthday
- _____ Get Well
- _____ Sympathy
- _____ Thinking of You/Care/Concern
- _____ Other: _____

Number of calls/emails/texts: _____

Number of miles driven: _____

Amount of money spent on cards, postage, this program: \$_____

Please attach any additional information that would support and/or showcase your excellence in showing care and concern.

Submitted by: _____

Email address: _____ Phone Number: _____