



# ACTIVE DUTY CHAPLAIN'S REPORT

FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

## PRIVACY ACT STATEMENT

*Under authority of 5 United States Code 301, Departmental Regulations, you are required to provide current information to the program sponsor concerning your activities, needs, and achievements. This information will provide supervisory chaplains and the Office of the Chief of Chaplains with data needed for briefings and overall supervision of the Chaplains Program.*

1. FROM:			2. SOCIAL SECURITY NUMBER	
3. TO: (Major Claimant Chaplain)			4. FAITH GROUP	
5. VIA: (1)			6. PRIMARY DUTY	
7. VIA: (2)			8. NUMBER DAYS DEPLOYED IN REPORTING PERIOD	
9. SUBSPECIALTY CODE	10. UNIT IDENTIFICATION CODE	11. BILLET SEQUENCY CODE	12. BILLET SUBSPECIALTY CODE	

### 13. STATISTICAL REPORT

MINISTRY	TOTAL	MINISTRY	TOTAL	MINISTRY	TOTAL	MINISTRY	TOTAL
<i>a. Divine Service</i>		<i>b. Average Attendance Divine Services</i>		<i>c. Sacrament/Pastoral Acts</i>		<i>d. Pastoral Counseling</i>	
<i>e. Work Area Visitation</i>		<i>f. Pastoral Calls</i>		<i>g. Religious Ed. Classes</i>		<i>h. Small Groups</i>	
<i>i. Training Conducted</i>		<i>j. Assisted CACO</i>		<i>k. Interviews</i>		<i>l. Services for Other Faiths</i>	

14. MAJOR AREAS OF NEED

15. NARRATIVE REPORT *(Continue on reverse, if necessary.)*

16. REPORTING CHAPLAIN'S SIGNATURE	17. DATE
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FIRST ENDORSEMENT

From:

To:

1. Forwarded.

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SIGNATURE

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SECOND ENDORSEMENT

From:

To:

1. Forwarded.

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SIGNATURE

15. NARRATIVE REPORT (Continued)

## ACTIVE DUTY CHAPLAIN'S REPORT

This report is for all active duty chaplains, for temporary active duty chaplains who have served continuously for more than ninety days, and for inactive duty chaplains and auxiliary chaplains who perform regular duties on a daily or weekly basis. Every chaplain in the above categories will submit this quarterly report. Due dates for the report are: 31 December, 31 March, 30 June, and 30 September.

This quarterly report provides data needed by supervisory chaplains and the Office of the Chief of Chaplains for briefings and overall management of the Chaplains Program. It is also designed as a "tool" to enhance communication between the chaplain and supervisory chaplains. Every chaplain should take care to complete each block in the report. Blocks 14 and 15 are particularly important and should not be left blank!

### SPECIFIC INSTRUCTIONS FOR COMPLETION OF OPNAV 1730/3 (Rev. 6-83)

1. **FROM:** Specific instructions will be provided by your Major Claimant Chaplain.
2. **SOCIAL SECURITY NUMBER:** Self explanatory.
3. **TO: (Major Claimant Chaplain)** Specific instructions will be provided by your Major Claimant Chaplain.
4. **FAITH GROUP:** Name or abbreviation of your endorsing religious body.
5. **VIA: (1)** Specific instructions will be provided by your Major Claimant Chaplain.
6. **PRIMARY DUTY:** Briefly describe, e.g., Staff Chaplain, Hospital Chaplain, etc.
7. **VIA: (2)** Specific instructions will be provided by your Major Claimant Chaplain.
8. **NUMBER DAYS DEPLOYED:** Number of days away from homeport during this reporting period.
9. **SUBSPECIALTY CODE:** This is the chaplain's subspecialty code, listed on your Officer Data Card (ODC). Many chaplains do not have such codes. An example would be: 1440-P (Pastoral Counseling).
10. **UNIT IDENTIFICATION CODE:** A five-digit number provided by your Administrative Office.
11. **BILLET SEQUENCE CODE:** A five-digit number on your ODC or provided by the Personnel Office.
12. **BILLET SUBSPECIALTY CODE:** Fill in only if your billet has such a code.
13. **STATISTICAL REPORT OF MINISTRY:** As realistically and accurately as possible, give total figures for the quarter or reporting period.
  - a. **Divine Service:** Total number conducted.
  - b. **Average Attendance at Divine Services:** Estimated average attendance at services you conducted.
  - c. **Sacrament/Pastoral Acts:** Number of "acts" performed, such as marriages, memorial services, confessions, confirmations, circumcisions, Bar/Bat Mitzvahs, etc.
  - d. **Pastoral Counseling:** Number of actual formal sessions (either individual or group).
  - e. **Work Area Visitation:** Total number of hours spent visiting in work areas (Note-hospital chaplains should use this block for reporting ward visitation.)
  - f. **Pastoral Calls:** Number of calls made to persons in the hospital, brig, home, etc.
  - g. **Religious Education Classes:** Number of classes actually taught or led.
  - h. **Small Groups:** Number of Bible Study sessions, discussion groups, etc.
  - i. **Training Conducted:** Number of training sessions conducted, e.g., moral leadership lectures, "I" Division training, training for RPs, for chaplains, staff, etc.
  - j. **Assisted CACO:** Number of casualty assistance calls made.
  - k. **Interviews:** Number of incoming/outgoing interviews with persons reporting to or departing from your command.
  - l. **Services for Other Faiths:** Number of services you sponsored or helped organize for faith-groups other than your own.
14. **MAJOR AREAS OF NEED:** Briefly state major areas where you need or desire additional training and/or resources to enable you to minister more effectively.
15. **NARRATIVE REPORT:** Use this space to describe highlights of your ministry, to report any facets of ministry not covered in the statistical report, and to convey special concerns to your supervisory or Major Claimant Chaplain.
16. **SIGNATURE:** Your signature.
17. **DATE:** Date form completed.

*IF YOUR MAJOR CLAIMANT CHAPLAIN HAS INSTRUCTED YOU TO SEND YOUR REPORTS VIA YOUR COMMANDING OFFICER OR SUPERVISORY CHAPLAINS, ENSURE THAT THE ENDORSEMENTS ARE SIGNED.*