Washington County Volunteer Fire & Rescue Association

CHAPLAIN TIME TRACKING FORM - POINTS SYSTEM

Last :_____ First:_____ Middle_____ SSN:_____

LOSAP EVENTS Summary for _____ thru _____

Date	Duties Home Company	Meetings	Training	Company Number	Milage from/to	# of Alarms	Description/Location Include Incident Number on Alarms	Approval Home Company	Date of Approval
Totals									

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge, and that I have not received any monetary compensation for any of the above. (Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of $1000.00)

Chaplain Signature_____ **Date:**_____