



Total ministry contacts with VADOC staff during the month:

**Optional: You may list the dates and types of ministry contacts if desired (i.e., counseling sessions, home visits, hospital visits, funerals, marriage ceremonies, etc.). Please do not list names of staff members on this form.**

**List the date, title and sponsor/instructor for each SPECIAL PROGRAM or CLASS that was reported above:**

**List the date, title and sponsor/instructor for each SPECIAL EVENT that was reported above:**

**This space is designated for a narrative summary of your ministry during the reporting month. Please include positive and negative comments (good news, obstacles, challenges, etc.).**