

# Five Rivers Council, BSA

## Religious Relations Committee

### Unit Chaplain / Chaplain's Aid Questionnaire

Dear Unit Leaders:

In an effort to establish a contact list of Chaplains and Chaplains aides for each unit in the Five Rivers Council, we are asking that you take just a couple minutes to complete the follow short form for your unit.

**Unit Type:** (Circle One) Troop / Pack / Crew

**Unit Number:** \_\_\_\_\_

**Chartered Organization:** \_\_\_\_\_

**District (Circle One):** IW WR AN TB

**Unit Leader (Title):** \_\_\_\_\_

**Unit Leader E-Mail:** \_\_\_\_\_

#### Unit Chaplain

This may be a member of the clergy, layperson or any adult that has agreed to lead with unit spiritually. For units chartered by Religious Organizations, it is typically the Pastor or Clergy from that organization or their representative. If your unit does not have a chaplain assigned, *please* indicate this so the committee can have an idea of the unit chaplain education requirements within the council.

**Name:** \_\_\_\_\_

**E-Mail or other contact info:** \_\_\_\_\_

#### Chaplains Aide (Troops & Crews)

This is an assigned leadership position for youth within the Boy Scout Program. If your unit does not have an assigned Chaplains Aide, *please* indicate this so the committee can have an idea of the chaplains aide education requirements within the council.

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

I'm asking if you would please return this form to me either by email to [DSullivan002@stny.rr.com](mailto:DSullivan002@stny.rr.com) (preferred) or mail it to me: 209 Lynwood Ave Elmira Heights, NY 14903-1707. Thank you for your time. If you have any questions **PLEASE** email me.

Blessings,

David D. Sullivan  
Committee Chairman