

KSS & WVSS Spiritual Services Proposal—HU Chants



◆ **Facilitator name** _____ **Date** _____

◆ **Location of event** _____

Include city/state/venue or Zoom or Zoom hybrid with city/state/venue.

◆ **Type of HU Chant** _____ **Date** _____ **Time** _____

List of types: Arahata HU Chant, Chela HU Chant, Vahana HU Chant, Volunteers HU Chant. Include start and end time under “Time.” **Training:** *Spiritual Duties of the ECK Volunteer* training is required to lead a HU Chant. Include the year of training (2017 or after)_____.

Instructions: Complete form, save, attach to email, and return to Spiritual Services Directors, Deb Joy (KY) or Judy Pharr (WV), at debjoyKSS@gmail.com or WVSSJudy@gmail.com. Contact Deb or Judy for questions.

◆ **Approved by**
Spiritual Services Director _____ **Date** _____