

American Legion Auxiliary
Department of California
Unit Leadership End-of-Year Report Form 2017

Name of Unit: _____ Unit # _____ District # _____
Chairman: _____
Address: _____
Phone Number: Home: _____ Cell: _____
E-Mail: _____

1. How did you educate your members about Auxiliary programs and duties of officers and chairmen?

2. Did your Unit have a Leadership Workshop? YES NO

How many members attended? _____

3. How many members attended a District Leadership Workshop? _____

4. How many members attended a Department Leadership Workshop? _____

5. How many members attended a Mission Training? _____

6. Did any members complete the National Leadership Correspondence Course (gray card)?

Yes No If yes, how many? _____

7. How many members hold Certified Leadership (blue) cards? _____

8. What topics or presentations were included in your trainings? _____

9. Did you hold training on nurturing a culture of goodwill? YES NO

Please describe

10. Does your Unit have a mentor? YES NO

Due to District Leadership Chairman by April 14, 2017

Please see back of page for your District Leadership Chairman's Name and Address

Leadership, District 1
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