

American Legion Auxiliary  
Department of California  
Unit Leadership End-of-Year Report Form 2017-2018

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, 2018**

**Please see NEXT page for your District Leadership Chairman's Name and Address**

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