AMERICAN LEGION AUXILIARY
Department of California
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Application for Leadership Instructor

Print or Type

Name_____

Address_____

City_____, State_____Zip _____

Phone Number _____

Unit Name _____

Unit Number_____District Number _____

I attended a workshop on_____held in _____
Date Location

Name of Certified Instructor _____

I have been a member of the American Legion Auxiliary for_____years, and I have held the following offices and chairmanships in my Unit in the past three (3)years:

1.	4.
2.	5.
3.	6.

Do you regularly attend all Unit meetings? _____

Are you an active participant in your Unit meetings? _____

Do you feel you can plan and organize an entireworkshop without assistance, if necessary? _____

What work experience would you use to plan the meeting? _____

Does speaking before large groups make you nervous? _____

Can you be heard in a large room without a microphone? _____

_____ _____
Signature of Applicant Date

CERTIFIED INSTRUCTOR'S ENDORSEMENT

This applicant is recommended – not recommended (Circle choice)

CERTIFIED INSTRUCTOR

_____ _____
Signature Required Date

Make Comments on Back - PLEASE INCLUDE ONE DOLLAR ($1.00) FEE FOR CARD & FORWARD THIS FORM TO THE DEPARTMENT LEADERSHIP CHAIRMAN