

AMERICAN LEGION AUXILIARY—DEPARTMENT OF NEW YORK  
LEADERSHIP

**COUNTY REPORT FORM-2011-2012**

**REPORTING DATES:** November 10, 2011, March 10, 2012

County Name \_\_\_\_\_ District \_\_\_\_\_  
County Leadership Chairman's Name \_\_\_\_\_  
Chairman's Address \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Number of Leadership Training Sessions held by Units \_\_\_\_\_ by County \_\_\_\_\_  
Number of Officer Training Sessions held by Units \_\_\_\_\_ by County \_\_\_\_\_  
Number of Program Training Sessions held by Units \_\_\_\_\_ by County \_\_\_\_\_  
Other Subjects covered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Mentor Relationships started in Units \_\_\_\_\_ in County \_\_\_\_\_  
Was Leadership material from the Department Website used by # of Units? \_\_\_\_\_ by your County? \_\_\_\_\_  
Number of Senior \_\_\_\_\_ Number of Junior \_\_\_\_\_ members who completed the  
***Leadership Correspondence Course.*** Please list Name, Unit # & County on the next page.

Were new activities developed or initiated by any Units? \_\_\_\_\_ or your County? \_\_\_\_\_ this year?  
If so, what were they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and return this form by dates shown above to:**

Nancy Kurk  
149 State St. #2  
Manchester, NY 14504  
tekngk@aol.com

Members who completed the *Leadership Correspondence Course*.

Please list Name, Unit # & County .