

AMERICAN LEGION AUXILIARY—DEPARTMENT OF NEW YORK
LEADERSHIP

UNIT REPORT FORM-2011-2012

REPORTING DATES: November 1, 2011, March 1, 2012

Unit Name _____ Unit # _____

Unit Leadership Chairman's Name _____

Chairman's Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Number of Leadership Training Sessions held _____

Number of Officer Training Sessions held _____ Number of Program Training Sessions Held _____

Other Subjects covered _____

Number of Mentor Relationships started _____

Did you use Leadership material from the Department Website? _____ www.deptny.org

Did you use Leadership material from the National Website? _____ alaforveterans.org

Number of Senior _____ Number of Junior _____ members completing the **Leadership Correspondence Course**, please list their names on the next page.

Did you develop or initiate any new activities this year, and if so, what were they? _____

Please complete and return this form to your County Leadership Chairman by dates shown above

Members Completing the Leadership Correspondence Course.
Please write Name, Unit Number & County below