

*American Legion Auxiliary
Department of New York*

County

Leadership Report Form 2009/2010

Reporting Dates to Department Chairman: 11/10/2009, 03/10/2010, 05/10/2010

County Name _____ District _____

Name of Chairman _____ Telephone # _____

Number of Leadership Training Sessions Held by Units _____ County _____

Number of Officer Training _____ Number of Program Training _____

Other Subjects Covered _____

Number of Mentor Relationships Started in Unit _____ County _____

Was Leadership Material from the Department Website Used? _____

By How Many Units? _____ By your County? _____

Number of Senior _____ Number of Junior _____ Members Completing
the Leadership Correspondence Course. Please write Name Unit Number & County
on next page.

Did you Develop or Initiate any New Activities this Year? _____

Please complete this form and return to:

Sharon Arthur, 179 Hillary Dr., Rochester, NY 14624

sarthur3@rochester.rr.com

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