

*American Legion Auxiliary  
Department of New York*

**Unit**

**Leadership Report Form 2010/2011**

Reporting Dates to County Chairman: 11/01/2010, 03/01/2011, 05/01/2011

Unit Name \_\_\_\_\_ Unit Number \_\_\_\_\_

Name of Chairman \_\_\_\_\_ Telephone # \_\_\_\_\_

Number of Leadership Training Sessions Held \_\_\_\_\_

Number of Officer Training \_\_\_\_\_ Number of Program Training \_\_\_\_\_

Other Subjects Covered \_\_\_\_\_

\_\_\_\_\_

Number of Mentor Relationships Started \_\_\_\_\_

Did you use Leadership Material from the Department Website ? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete this form and return to: Your County Leadership Chairman

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