

*American Legion Auxiliary
Department of New York*

Unit

Leadership Report Form 2009/2010

Reporting Dates to County Chairman: 11/01/2009, 03/01/2010, 05/01/2010

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