

Americanism Report

Unit Name: _____ District # _____

Chairman: _____

Address: _____

_____ State _____ zip _____

Number of Members? Senior _____ Juniors _____

Unit President: _____

Did your unit conduct a flag disposal ceremony? _____ yes _____ no

Did your unit host flag awareness events and communicate information:
In schools, at the post home or public functions? If yes please describe--

Did your unit participate in local patriotic holiday events? _____ yes _____ No

Did your unit organize a patriotic holiday event? _____ Yes _____ No

Did your unit encourage local businesses to fly a flag, especially on patriotic holidays?

Did you award any certificates for flying a flag? _____ Yes _____ No

Did your unit encourage members to fly a flag? _____ Yes _____ No

Did your unit order pocket flag kits and distribute to members for assembly?
_____ yes _____ no

Did your unit identify and distribute assembled pocket flags to active-duty military overseas?
_____ yes _____ no

Did your unit participate in the Americanism Essay contest? _____ yes, _____ no

Please describe. How many entries did you have? _____

Were the entries sent in for judging? _____ yes _____ no

Please describe any Americanism entries you may have participated in, use the back if necessary.
Will your unit be submitting a narrative report? _____ yes _____ no

**AMERICAN LEGION AUXILIARY
AUXILIARY EMERGENCY FUND**

Year-End Reports – Annual reports reflect the program work of units in our department, and may result in a national award for participants if award requirements are met.

Some topics that the narrative may cover that the Unit participated in:

- | | |
|-------------------------------------|------------------------------|
| Assist a neighbor | Help the elderly |
| Help in local disaster | Soup Kitchens |
| Help in sickness | Stand Downs |
| Help in fire | Transport to treatment |
| Help in storm | Centers |
| Provide clothing | Help or advise someone |
| Provide Advice | of social services |
| Visit someone who is sick | Donate to food banks |
| Meet needs – resulting from an | Clothing Bank |
| Accident | Women's & Children's Shelter |
| Vehicle Assistance | Give to a needy family |
| Financial Contributions | |
| Donate clothing to church or school | |
| Drives | |
| Take a First Aid Course | |

CHAPLAIN YEAR END REPORT

DISTRICT _____ UNIT NAME _____ UNIT # _____

UNIT CHAPLAIN INFORMATION –

NAME: _____

ADDRESS: _____

CONTACT: _____

EMAIL: _____

Is your Unit submitting a Prayer Book at Department Convention? _____

How many members submitted prayers? _____

How many cards did your Unit mail? _____

How many phone calls were made? _____

How Many Funerals Attended? _____

Hospital Visits to Veterans or Members? _____

Special Projects? _____

Other? (Please List) _____

Department of Alabama American Legion Auxiliary Children and Youth Report Form

Unit#: _____

Name: _____

Chairman: _____

President: _____

Activity: _____

Amount Spent: _____

Hours Volunteered: _____

Number of Children reached: _____

Please have your report to me as well as a narrative about your activities no later than December 10, 2018 for Mid-Year report and May 1, 2019 for End of Year report.

Send reports to:

Kathy Phillips
4070 Dozier Lane
Mobile, AL 36619

or email them to:
kphillips_1956@yahoo.com

Community Service Report

Unit Name: _____ District # _____

Chairman: _____

Address: _____

_____ State _____ zip _____

Number of Members? Senior _____ Juniors _____

Unit President: _____

Did your unit participate in Community Service Activities and Projects? ___yes ___no
What was the number of volunteers? _____ (members and non-members) completing

How much money was spent on Community Service activities and/or projects during the administrative year? _____

What was the value of in-kind donations received for Community Service activities and/or projects during the administrative year? _____

What types of community service activities and/or projects were done in your department? _____

Did your unit organize and participate in service projects for veterans, service members, their families and local community programs on ALA suggested days of service.

Did your unit register service projects on websites, community forums and social media to attract other community members to participate in your service projects.

Did your unit Volunteer for local service projects and causes (walks, special events, etc.). Work with your post home to offer space and their participation in local service projects and causes.

Did your unit sponsor and participate in activities at local libraries, senior citizens centers, assisted living centers, nursing homes, service projects and causes (walks, special events, etc.).

Did your unit attend and represent the Auxiliary at special celebration events in the community such as holiday parades, grand openings of community facilities and community leader recognition ceremonies?

Did your unit Connect to and be supportive of ALA Call to Service Corps AmeriCorps members and members serving other AmeriCorps veteran and military family projects in their communities?

Did your unit apply for an AmeriCorps VISTA member through the ALA Call to Service Corps project to develop and organize community support programs in your town or city?.

Did your unit Partner with local Meals on Wheels to deliver meals on days they are closed (i.e. Christmas and Thanksgiving).

EDUCATION PROGRAM YEAR-END REPORT

Units should submit their Year-End Report to the Department Education Chairman :
Attach pages as needed. Please send a copy of your report to your District President.

Unit Name _____ District # _____

Unit Address _____ Zip Code _____

Unit Education Chairman _____ Contact # _____

Unit President _____ Contact # _____

Number of Senior Members: _____ Number of Junior Members: _____

Did your unit participate in the Give 10 to Education program? _____

What is the approximate value of school supplies collected/donated to classrooms in your community? (Include those collected in partnership with other organizations/groups.) _____

What type(s) of help did your Unit give needy student(s)? _____

Describe Veterans in Community Schools events your Unit presented. _____

How many Veterans in Community Schools events? _____ # of Veterans participating: _____

How did your Unit support veterans associations on campus? _____

How did your Unit promote American Education Week (November 13 – 17, 2017)? _____

How will your Unit promote Teacher Appreciation Week (May 6 -12, 2018)? _____

Describe what your Unit did to provide school personnel with information about ALA education programs and scholarships? _____

Number of scholarships awarded by your Unit: _____ Value of scholarships awarded: _____

Number of book scholarships awarded by Unit: _____ Value of book scholarships: _____

Describe other activities for Education in which your Unit participated:

American Legion Auxiliary
Finance Committee Report

Unit Name: _____ Unit# _____ District# _____

Unit Chairman: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail to: Cheryl Wheeler, 256 Lee Rd 2085, Cusseta, AL 36852

(334) 759-0398 WheelerCheryl67@yahoo.com

1. Does your unit have a three-member Finance Committee? _____ Yes _____ No
2. Does your unit have a three-member Audit Committee? _____ Yes _____ No
3. Does your unit have a TIN/EIN number. _____ Yes _____ No
4. Did your unit obtain and complete the Form 990 or Form-EZ or Form 990-N from the IRS website at www.irs.gov _____ Yes _____ No
5. Does your Finance Committee work with unit officers to finalize the tax forms? _____ Yes _____ No
6. Does your unit have an outside auditing firm? _____ Yes _____ No
7. Does your Audit/Finance Committee forward at year end the approved tax forms onto unit membership? _____ Yes _____ No
8. Did your unit make donations to the ALA Foundation? _____ Yes _____ No
9. If your unit has not filed taxes for the Fiscal Year 2017-2018 explain the circumstances why and when will this action be completed.

CERTIFICATION OF AUDIT and FILING OF IRS Form 990

Unit Name _____ **Unit Number** _____ **District** _____

Audit Certification:

This is to certify that the Unit Treasurer or responsible unit member has audited and found to be correct the unit's books.

President/Secretary: _____

Date: _____

Audited by: _____

On the _____ **day of** _____

Form 990 Certification

Has your unit filed its most current Form 990 (Form 990, 990-EZ, Form 990N (e-postcard) to the Internal Revenue Service? _____ **YES** _____ **NO**

If you answered yes please print and sign below.

I, _____ certify that a Form

This was done on the _____ day of _____

Signature _____

If you answered "NO" answer the following:

What has prevented your unit from filing this Information with the IRS?

How does you unit plan to address this issue?

FORM IS DUE TO FINANCE CHAIRMAN CHERYL WHEELER NLT DECEMBER 15TH 2018

Girls State Report

Unit Name: _____ District # _____

Chairman: _____

Address: _____

_____ State _____ zip _____

Number of Members? Senior _____ Juniors _____

Unit President: _____

What have you done within your ALA Girls State program to encourage membership? _____

How many ALA Girls State delegates does your unit anticipate participating in your program this year? _____

Does any of your unit members contact the schools and promote the ALA Girls State program?
___yes ___no

If so, please detail the success of this activity and number of participants that benefited from this activity

Has your unit ask any ALA Girls State alumnae to join an ALA unit following the year's session?

Does your unit sponsor delegates themselves or utilize a outside source? ___yes ___no

How many of the delegates sponsored this year by your units were funded by a source outside of your Legion Family? _____

What is the total number of volunteer hours spent on your ALA Girls State program? _____

Please mail or email this report

Jane Shelton Dale, Chairman

317 Broad Street

Camden, Alabama 36726

(334) 682-4538

janeshelton@frontiernet.net

**GOLD STAR
END OF YEAR REPORT**

UNIT NAME: _____ UNIT #: _____

CHAIRMAN: _____

HOW MANY CALLS MADE? _____

HOW MANY CARDS SENT? _____

HOW MANY VISITS? _____

SPECIAL EVENTS:

IS YOUR UNIT SUBMITTING A NARRATIVE? _____

(PLEASE REMEMBER TO USE THE COVER SHEET FROM NATIONAL)

Rachel Clinkscale
46645 Hwy 25
Vincent, Alabama 34178
(205)672-7848
r.clinkscale@earthlink.net

**JUNIOR ACTIVITIES
YEAR END REPORT**

DISTRICT _____ UNIT _____ # _____

CHAIRMAN: _____

HOW MANY JUNIORS IN YOUR UNIT? _____

DO YOU HAVE AN ACTIVE JUNIOR UNIT? _____

HOW MANY JUNIORS APPLIED FOR THE PATCH PROGRAM? _____

DO YOU HAVE A JUNIOR APPLYING FOR JUNIOR MEMBER OF THE
YEAR? _____

DO YOU HAVE A NEW ACTIVE JUNIOR GROUP? _____

IS YOUR UNIT APPLYING FOR THE NATIONAL AWARD? _____

IS YOUR UNIT SUBMITTING AN OVERALL UNIT JUNIOR ACTIVITIES
REPORT? _____

IS YOUR UNIT APPLYING FOR THE COMMUNITY SERVICE JUNIOR
MEMBER VOLUNTEER OF THE YEAR AWARD? _____

IS YOUR UNIT APPLYING FOR THE PUBLIC RELATIONS ALA BRAND
AMBASSADOR AWARD? _____

IS YOUR UNIT APPLYING FOR THE JUNIOR PUBLIC RELATIONS
AWARD? _____

IS YOUR UNIT APPLYING FOR THE SERVICE TO VETERANS VOLUNTEER
HOURS AWARD? _____

IS YOUR UNIT APPLYING FOR THE OUTSTANDING LEADERSHIP
AWARD? _____

IS YOUR UNIT APPLYING FOR THE MEMBERSHIP AWARD – REJOIN 1,
RECRUIT 1? _____

**JUNIOR ACTIVITIES
PAGE 2**

**IS YOUR UNIT APPLYING FOR THE MEMBERSHIP – RECRUIT 10
AWARD? _____**

**PLEASE REMEMBER ALL NARRATIVES MUST INCLUDE THE AWARD
COVER SHEET.**

ENTRIES MUST BE TYPEWRITTEN.

PLEASE SUBMIT TO:

**ARLETHA TUCKER, CHAIRMAN
8616 CEDAR SPRINGS CIRCLE
LEEDS, ALABAMA 35094
(205) 529-1713
EMAIL: mimis2angels2@gmail.com**

Leadership Report

Unit Name: _____ District # _____

Chairman: _____

Address: _____

_____ State _____ zip _____

Number of Members? Senior _____ Juniors _____

Unit President: _____

Did your unit offer a new member orientation packet and initiation? _____yes _____no

Did your unit offer a refresher course for all members on Auxiliary information? _____yes _____no

Did your unit encourage members to take Welcome to the American Legion Auxiliary Senior Auxiliary Basics?
_____yes _____no

Did your unit recognize members who have completed the courses either in a meeting, via public relations or membership? _____yes _____no

Did your unit offer Welcome to the Junior ALA Course "The ALA: My Organization and What I Need to Know to Grow as a Member" at www.ALAforVeterans.org under the Leadership tab? _____yes _____no

Did your unit use the training PowerPoint presentations provided on the Leadership page on the national website, www.ALAforVeterans.org ? _____yes _____no

Did your unit participate in a workshop on leadership skill development for your department, or district?
_____yes _____no

Did your unit members attend a Leadership Training on the Department Level? _____yes _____no How many? _____

Will your unit be submitting a Narrative report? _____yes _____no If so please refer to the Department and National Plans of Action that are available to make sure you are providing correct information.

MEMBERSHIP END OF THE YEAR REPORT

DISTRICT _____ UNIT _____

CHAIRMAN NAME: _____

WHAT WAS YOUR QUOTA FOR 2019 _____

HOW MANY MEMBERS AS OF MAY 1ST, 2019 _____

HOW MANY NEW SENIOR MEMBERS SIGNED UP FOR 2019 _____

HOW MANY NEW JUNIOR MEMBERS SIGNED UP FOR 2019 _____

HOW MANY RENEWAL SENIOR MEMBERS FOR 2019 _____

HOW MANY RENEWAL JUNIOR MEMBERS FOR 2019 _____

GIVE AN EXAMPLE OF WHAT YOUR UNIT DID TO WORK MEMBERSHIP

WHAT SUGGEST DO YOU HAVE FOR THE DEPARTMENT TO HELP YOU WITH .
YOUR MEMBERSHIP?

IF YOU SUBMIT A NARRATIVE INCLUDE THE COVER PAGE -



2019

R5 - Recruit & Rejoin

For members who recruit or rejoin five (5) or more Junior or Senior Auxiliary members.
Rejoined members must not have paid dues since 2016. **One entry per recruiter.**

Certification forms must be received in National Headquarters **no later than May 1, 2019.**

CERTIFICATION FORM

Please type or print legibly

Recruiter's Name: _____ Recruiter's Member ID#: _____
Recruiter's Dept: _____ Unit #: _____
Recruiter's Address: _____

Name of New and/or Rejoined members

Member ID (if known)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Certified by:

Dept. Secretary
printed name: _____ Dept: _____

Dept Secretary
Signature (required): _____

Departments – please send certified forms to:

American Legion Auxiliary
National Headquarters
Attn: Membership
3450 Founders Road
Indianapolis, IN 46268-1334

Form must be received in National Headquarters by May 1, 2019 to be eligible
Each recruiter will receive a special gift selected by the 2019 National Membership Chairman
and will be entered in a \$250 cash drawing.

One award per recruiter.

This form may be duplicated.

**AMERICAN LEGION AUXILIARY
NATIONAL SECURITY REPORT FORM**

Unit Name _____ Unit # _____
District # _____ Unit Chairman _____
Number of Members _____
Address _____
City _____ State _____ Zip _____

1. How many Blue Star Banners and Gold Star Banner were presented?
Blue Star: _____ Gold Star: _____
2. How many MIA families were recognized following notification of Remains?
3. How many service members were honored during welcome-home events?
4. How many military families were connected to other unit when moving?
5. Did your unit Mobilize Community Support for Those Who Serve?
6. Did your unit participate in a Welcome Home Event for Service members?
7. Did your unit Support Troops and their families on Military Installation?
8. Did your unit host a How to Train for FEMA's Community Emergency Response Team event?
9. Did your Unit participate or host POW/MIA Remembrance Services?
10. Did your unit participate or donate to the American Red Cross' Service to the armed forces?
11. Did your Unit volunteer at a local USO or help with an event?
12. Did your unit donate funds to a USO? _____ How much? _____
13. Did your unit volunteer of donate to Tragedy Assistance Program for Survivors?
14. Did your unit host or help with Hiring Our Heroes Military Spouse eMentor Program?
15. Did your unit Support Hiring Events for Veterans and Military & Veteran Spouses

ALL REPORTS NEED TO BE RECEIVED NO LATER THAN – MAY 1, 2019

Poppy Annual Report

Check One

Mid-Year-----

Year- End Report-----

Due Date: December 15, 2018

Due Date: May 1, 2019

Unit #----- District #----- Phone #-----

Name of President or Chairman: -----

Has your unit held a Poppy drive? _____

How did your unit promote the Poppy Program?

How did your unit promote the Poppy Poster contest in local schools?

How many posters were submitted? _____

How did your unit promote the Little Miss Poppy Contest?

How did your unit increase Poppy Revenue?

Total number of Volunteers participating _____ Number of Hours _____

Did your unit make a donation to the Poppy Program? _____

Amount _____

Are you submitting a narrative report? _____



American Legion Auxiliary VA & R Report

Trish Montgomery VA&R Chairman

519 Crest Street

Florence, AI 35630

(256)-810-3755 trish.montgomery@hotmail.com

Reports are due Dec 1st and May 1st.

1. How many veterans did you help? _____.

2. What was the total cost? _____.

3. How many volunteer hours did it take? _____.

4. Donations in kind? _____.

Give a brief description of the activities and include pictures.



American Legion Auxiliary National Report and Award Cover Sheet

Please note, your report will also be viewed as an award entry.

Complete the following if you are applying for a member award. Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____

National committee sponsoring award: _____

Type of Award: Department Unit Member

Name of the award you are applying for: _____

For a unit award or submit a year-end unit narrative report, please complete this section. Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (circle one) name: _____

Above listed person's ALA member ID#: _____ Phone number: (____) _____

Email address: _____

For a department award or to submit a year-end department narrative report, please complete this section:

Name of department: _____

Name of department chairman: _____

Chairman's phone number: (____) _____ ALA member ID#: _____

Chairman's email address: _____

Please see your committee's annual Programs Action Plan supplement to determine where to send this form.