

American Legion Auxiliary Department of Arkansas

1415 West 7th Street, Little Rock AR 72201

Mail: P. O. Box 1010, Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: arkaux@att.net

**2021 – 2022**

**Year-End Reports due April 15, 2022**

**Department Committee Report Forms**

* Americanism and Essay Contest Cover Sheet
* Auxiliary Emergency Fund
* History
* Department Chaplain
* Department Historian
* Children and Youth
* Community Service
* Constitution and Bylaws
* Education
* Girls State
* Junior Activities
* Leadership
* Legislative
* Membership for Seniors and Juniors
* National Security
* Poppy
* Public Relations
* VA&R

American Legion Auxiliary Department of Arkansas

1415 West 7th Street Little Rock AR 72201

**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

**Americanism Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Amanda Wade 501-206-5389

 1644 Meadow Lane

 Gravette AR 72736 email: acw.americanism@yahoo.com

Unit Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit Promote the American Legion Americans Program by:

* Showing pride by wearing red, white and blue to Unit meetings and activities? \_\_\_\_\_
* Present a Flag Education Program to the schools in your area? \_\_\_\_\_
* Promote the Americanism Essay Contest? \_\_\_\_\_
* Promote the Department and National (Auxiliary and Legion) Scholarships? \_\_\_\_\_
* Participate in the Yellow Ribbon Reintegration Program? \_\_\_\_\_
* Promote “Get out the Vote” and “Kids Voting USA” campaigns? \_\_\_\_\_
* Support the Constitution Amendment campaign to protect the U S Flag? \_\_\_\_\_
* Hold a Flag Retirement Ceremony with the American Legion? \_\_\_\_\_

Did your Unit Officers and Chairman read the Program Action Plan for 2018-2022 and the Annual Supplement for Unit responsibilities for the Americanism Program? \_\_\_\_\_Yes \_\_\_\_\_ No

What did your Unit implement from the Programs Action Plan or Annual Supplement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit support:

* American Legion Baseball Programs \_\_\_\_\_
* American Legion Oratorical Contest \_\_\_\_\_
* American Junior Shooting Sports \_\_\_\_\_
* Pocket Flag Project \_\_\_\_\_
* Flag Education Program in Schools \_\_\_\_\_

Which Americanism program, activity or event helped your Unit to engage members to participate? How was it promoted (newspaper, poster, word of mouth, radio, computer, email etc)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH EXTRA SHEETS IF NEEDED**

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Auxiliary Emergency Fund Report Form**

**Due April 15, 2022**

Please complete and forward to Department Chairman: Naomi Owen 870-672-3002

 17 C & H Circle

 Stuttgart, AR 72160 Email: twins32351@gmail.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit Officers and Chairman read the Program Action Plan for 2018-2019 and the Annual Supplement for Unit responsibilities for the Auxiliary Emergency Fund Program? \_\_\_\_\_Yes \_\_\_\_\_ No

What did your Unit implement from the Programs Action Plan or Annual Supplement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit contribute to the Auxiliary Emergency Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

* Amount of contribution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did individual members contribute to the Auxiliary Emergency Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

* How many members contributed? \_\_\_\_\_

Did your Unit contribute to the Auxiliary Emergency Fund in the form of Memorials? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit hold a special fundraising event to support the Auxiliary Emergency Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did your Unit raise funds for the Auxiliary Emergency Fund?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

**History Report Form**

**Due April 15, 2022**

Please complete and forward to Department Chairman: JoAnne Cobb 201-417-5552

1563 Farrell Street

Pea Ridge AR 72751 email: jahcobb4@yahoo.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit Officers and Chairman read the Program Action Plan for 2018-2019 and the Annual Supplement for Unit responsibilities for the History Program? \_\_\_\_\_Yes \_\_\_\_\_ No

What did your Unit implement from the Programs Action Plan or Annual Supplement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit have a room or area for displaying your Unit history? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe how your awards, plaques, pictures or other items are displayed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit have photo albums or scrapbooks available for members to view? \_\_\_\_\_ Yes \_\_\_\_\_ No

How are important documents stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any important documents on display in your Unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do Junior members collect memorabilia from Veterans and/or Auxiliary members for the History Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ATTACH EXTRA SHEETS IF NEEDED**

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Unit Chaplain Report Form**

**Due April 15, 2022**

Please complete and forward to Department Chaplain: Dianna Kinsey 501-960-5749

 7227 Gap Ridge Drive

 Sherwood AR 72120 email: dlkinsey@ualr.edu

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Unit Chaplain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chaplain’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit hold Memorial Services? \_\_\_\_Yes \_\_\_\_\_ No

Does your Unit include Junior members in the ceremonies? \_\_\_\_\_Yes \_\_\_\_\_No

Does your Unit drape the charter for deceased members?\_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit make Memorial Donations to any organization? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount donated $ \_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit use Grace Cards? \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_\_\_\_\_\_

Does your Unit hold a Four Chaplains Program \_\_\_\_\_ Yes \_\_\_\_\_ No

 Did you include members of the Legion Family? \_\_\_\_\_ Yes \_\_\_\_\_No

 Donations made to the Chapel of the Four Chaplains $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your members submit prayers for Prayer Books?

 Unit Book \_\_\_\_\_Yes \_\_\_\_\_ No How many? \_\_\_\_\_\_\_\_\_

 Department Book \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_\_\_\_\_

 National Book \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_\_\_\_\_

Did you prepare a Prayer Book for your Unit President? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you use information from the National Chaplain or National Auxiliary website as a resource for your activities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

**Historian Report Form**

 **Due: April 15, 2022**

Please complete and forward to Department Historian: Diana Scritchfield 870-310-2978

 2930 N. Smith Street

 El Dorado AR 721730 diana.scritchfield@yahoo.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Historian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Historian’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit Historian keep a history or record of activities occurring each year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit invite the Department President, Membership Chairman, District President or other community

dignitaries to attend and participate in Unit meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, did you send written documentation detailing the visit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit keep photographs of guests, new members etc. in the Unit History Book? \_\_\_\_\_ Yes \_\_\_\_\_No

Does your Unit have a Facebook page or website to help with keeping track of Unit history? \_\_\_\_\_ Yes \_\_\_\_\_No

Where does your Unit keep the archives of information from your Historian?

 \_\_\_\_\_ In the Auxiliary Unit Office at the Post

 \_\_\_\_\_ At the home of the Unit Historian

 \_\_\_\_\_ In a book that we bring to every meeting for members to see

 \_\_\_\_\_ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: **arkaux@att.net**

**2021 – 2022**

 **Children & Youth Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman Charlotte Purdy 870-509-1575

 1121 S. Van Buren Street DeWitt AR 72042 email: Charlotte964@centurylink.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What project(s) does your Unit contribute to for children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. of hours spent \_\_\_\_\_ Dollars spent \_\_\_\_\_ Number of volunteers who participated \_\_\_\_\_\_

Did your Unit participate in events to increase community support of military? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Please list events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. of hours spent \_\_\_\_\_ Dollars spent \_\_\_\_\_ Number of volunteers who participated \_\_\_\_\_\_\_

Did your Unit plan and carry out any support services (operation Military Kids) through youth outreach, assemble Hero or Family Packs, or raise community awareness of the needs of military children? \_\_\_\_\_ Yes \_\_\_\_\_ No

 No. ofours spent \_\_\_\_\_ Dollars spent \_\_\_\_\_ Number of volunteers who participated \_\_\_\_\_\_

April is Children & Youth month. Will/Did your unit plan and carry out any program? \_\_\_\_\_ Yes \_\_\_\_\_No

 No. of ours spent \_\_\_\_\_ Dollars spent \_\_\_\_\_ Number of volunteers who participated \_\_\_\_\_\_

Did your Unit raise money or hold a fundraiser for the American Legion Child Welfare Foundation? \_\_\_\_\_Yes \_\_\_\_\_No

 No. of ours spent \_\_\_\_\_ Dollars spent \_\_\_\_\_ Number of volunteers who participated \_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Children & Youth Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach any narrative and/or pictures on a separate sheet!**

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

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**2021 – 2022**

**Community Service Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: JoAnne Cobb 201-417-5552

 1563 Farrell Street

 Pea Ridge AR 72751 Email: jahcobb4@yahoo.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please report the number of members participating in the following activities, the amount of money spent and the hours volunteered.

**Program Activity Number of Members Money Spent Hours Volunteered**

Welcome Home Troops \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancer Awareness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organ and Tissue Donation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Donation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loaning of Medical Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Beautification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recycling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeless Shelters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Banks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Habitat for Humanity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopt a Highway \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make a Difference Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domestic Violence Centers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Libraries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Citizens Centers/Nursing Homes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Olympics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s School Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aid for Disaster Victims \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies for Troop Care Packages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach any narrative and/or pictures on a separate sheet!**

American Legion Auxiliary Department of Arkansas

1415 West 7th Street Little Rock AR 72201

**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Constitution & Bylaws Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Carol Westergren 501-288-2446

 204 Pruitt Street

 Beebe AR 72012 cwestergren@earthlink.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have copies of the most current Department of Arkansas Constitution & Bylaws and Standing Rules available to members? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Constitution & Bylaws Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your Unit Constitution & Bylaws and Standing Rules updated and on file in the Department Office?

 \_\_\_\_\_ Yes \_\_\_\_\_

When did you last update your Unit Constitution & Bylaws and Standing Rules? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are copies of your Unit and Department governance documents given to every new member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are copies of documents available to your Unit members?

 National Constitution& Bylaws and Standing Rules \_\_\_\_\_\_ Yes \_\_\_\_\_ No

 Unit Handbook \_\_\_\_\_\_ Yes \_\_\_\_\_ No

 Roberts Rules of Order Newly Revised \_\_\_\_\_\_\_Yes \_\_\_\_\_ No

American Legion Auxiliary Department of Arkansas

1415 West 7th Street Little Rock AR 72201

**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Education Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Karen Cook 901-340-8348

 211 Elizabeth Lane

 West Memphis AR 72301 Email: klcook72301@gmail.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIPS**

Did or will you distribute information to members and schools aboutthe following scholarships available through the American Legion Auxiliary? Check all that apply.

 \_\_\_\_\_ National President’s \_\_\_\_\_ Department (Academic)

 \_\_\_\_\_ Spirit of Youth \_\_\_\_\_ Department (Nurses)

 \_\_\_\_\_ Non-Traditional \_\_\_\_\_ Department (Demona Reeves Memorial)

Donations made to American Legion Auxiliary scholarship funds: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donations made to other scholarship funds (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LITERACY**

Did or will your Unit participate in literacy projects with schools and/or other groups? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Number of schools/groups served \_\_\_\_\_\_\_\_ Number of people served \_\_\_\_\_\_\_\_ Money spent $ \_\_\_\_\_\_\_\_\_\_

Did or will your Unit participate in “Give 10 to Education” \_\_\_\_\_ Yes \_\_\_\_\_ No Number of members participating \_\_\_\_

 Identify activities included in “Give 10 to Education”. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLASSROOM MENTORING AND READING PROGRAMS**

Did or will your Unit participate in mentoring or reading programs in schools and/or groups? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Number of schools/groups served \_\_\_\_\_\_\_\_ Number of people served \_\_\_\_\_\_\_\_ Money spent $ \_\_\_\_\_\_\_\_\_\_

**VETERANS IN THE CLASSROOM or POPPY STORY or FLAG EDUCATION**

Did or will your Unit participate in Veterans in the Classroom, the Poppy Story or Flag Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Number of schools/groups served \_\_\_\_\_\_\_\_ Number of people served \_\_\_\_\_\_\_\_ Money spent $ \_\_\_\_\_\_\_\_\_\_

**AMERICAN LEGION PROGRAMS**

Did or will your Unit participate or support the following American Legion programs?

 \_\_\_\_\_ Oratorical Contest \_\_\_\_\_ American Education Week

 \_\_\_\_\_ PACT \_\_\_\_\_ Policy on Education

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Education Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

American Legion Auxiliary Department of Arkansas

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Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **ALA Arkansas Girls State Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Sherry Fikes 501-650-1618

 4416 Catskill Ave.

 Benton AR 72019 Email: sfikes@swbell.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did your Unit assist schools and students with the online registration process through the website ArkansasGirlsState.com?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your Unit promote the Girls State Program in your community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Girls State 2021:

 How many Unit members participated? \_\_\_\_\_ Number of schools in your participating area? \_\_\_\_\_

 Number of Girls State citizens sent? \_\_\_\_\_

Number of Principals \_\_\_\_\_/Counselors\_\_\_\_\_/Faculty\_\_\_\_\_Other\_\_\_\_\_that worked with your Unit?

 Did your Unit hold orientation for Girls State Citizens? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Do you involve the parents or guardians of the Girls State Citizens? \_\_\_\_\_ Yes \_\_\_\_\_ No

 List activities for your orientations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you include an overview of the American Legion organization in your orientation? \_\_\_\_ Yes \_\_\_\_ No

 Did your Unit hold a recognition event for Girls State citizens? \_\_\_\_\_ Yes \_\_\_\_\_ No

 \_\_\_\_\_Banquet \_\_\_\_\_\_ Number in attendance

 \_\_\_\_\_Unit Meeting \_\_\_\_\_\_Number in attendance

 \_\_\_\_\_ Joint even with the American Legion \_\_\_\_\_ Number in attendance

 Did your Unit invite school officials and/or community leaders to your recognition event? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Number in attendance \_\_\_\_\_\_\_\_\_\_

 Did your Unit change anything about your Girls State program from the 2017 year? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Does your Unit ask your Girls State Citizens for feedback about their experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Does your Unit require Girls State Citizens to perform community service at Unit events? \_\_\_\_\_ Yes \_\_\_\_\_ No

American Legion Auxiliary Department of Arkansas

1415 West 7th Street Little Rock AR 72201

**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Junior Activities Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Charlotte Purdy 870-509-1575

 1121 S. Van Buren Street DeWitt AR 72042 email: Charlotte964@centurylink.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNIT PARTICIPATION**

Number of junior members in your Unit. \_\_\_\_\_

Do your junior members hold meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do your juniors participate during your Unit meeting? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did or will your Unit submit a nominee for Junior Member of the Year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did or will your Unit submit an entry for National Junior Plaque Trophy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are your senior members mentors to the junior members? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If so, how do they mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUNIOR PARTICIPATION**

How many juniors in your Unit completed the Junior Correspondence Course? \_\_\_\_\_

Did your juniors attend Department meetings/conferences? \_\_\_\_\_ Yes \_\_\_\_\_No Check all that apply:

 \_\_\_\_\_ Fall Conference \_\_\_\_\_\_ Mid-Winter Conference \_\_\_\_\_ Spring Conference \_\_\_\_\_ Dept Convention

How many juniors in your Unit participated in the Patch Program? \_\_\_\_\_

Total Activity Sheets were submitted for each program?

 \_\_\_\_\_ Americanism \_\_\_\_\_ VA&R \_\_\_\_\_ Leadership \_\_\_\_\_ Membership

 \_\_\_\_\_ Community Service \_\_\_\_\_Poppy \_\_\_\_\_ Service for Veterans \_\_\_\_\_Physical Fitness

**JUNIOR VOLUNTEERISM**

Did your junior members volunteer in:

 Community Service Project \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Juniors \_\_\_\_\_ Number of hours \_\_\_\_\_

 Volunteens \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Juniors \_\_\_\_\_ Number of hours \_\_\_\_\_

 Pocket Flag Project \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Juniors \_\_\_\_\_ Number of Hours \_\_\_\_\_

 Other Department Projects:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Juniors \_\_\_\_\_ Number of Hours \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Juniors \_\_\_\_\_ Number of Hours \_\_\_\_\_

American Legion Auxiliary Department of Arkansas

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Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Leadership Report Form**

 **Due: April 15, 2022**

Please complete and forward to Department Chairman: Barbara Johnson 501-786-8039

 24 John Hancock Circle

 Jacksonville AR 72076 Email: Barbara.johnson83@aol.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Education Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit encourage members to take the online courses from ALA Academy located on our National ALA website?

 \_\_\_\_\_ Yes \_\_\_\_\_ No How many members completed the course? \_\_\_\_\_\_\_\_

Do you conduct leadership workshops, mentoring and training in your Unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

 How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the leadership workshops and training include the following? (Check all that apply)

 \_\_\_\_\_ How to conduct and participate in a meeting

 \_\_\_\_\_ History of the Auxiliary

 \_\_\_\_\_ Understanding of the Preamble

 \_\_\_\_\_ Teaching the duties of elected and appointed officers

 \_\_\_\_\_ Auxiliary programs

 \_\_\_\_\_Parliamentary procedure

 \_\_\_\_\_ Unit Constitution & Bylaws

 \_\_\_\_\_ Flag etiquette

 \_\_\_\_\_ Effective mentoring

Has your Unit developed Leadership activities for your Unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If so, please detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your senior members mentor to junior members? \_\_\_\_\_ Yes \_\_\_\_\_ No

See next page for UNIT MEMBER OF THE YEAR

**UNIT MEMBER OF THE YEAR 2021 - 2022**

Please refer to the Unit Handbook for criteria for this award. This special member needs to be one that goes above and beyond for our veterans, community, youth, Unit and Legion family. The member is to be one that has not held any position outside of the Unit level and should be able to attend the National Convention Member of the Year Luncheon.

Please include an 8 x 10 facial picture which will be mailed to National Headquarters, along with our report, if the member is selected by the committee.

We look forward to receiving your reports and pictures.

American Legion Auxiliary Department of Arkansas

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Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Legislative Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Mary Erdman 501-454-7357

 3007 St. Andrews

Benton AR 72019 Email: maryrdmn@gmail.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit distribute the ALA Legislative Advocacy Guide to all members? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit hold: (Check all that apply)

 \_\_\_\_\_\_ Legislative Meetings \_\_\_\_\_ Legislative Rallies

 \_\_\_\_\_\_ Town Hall Meetings \_\_\_\_\_ Meet the Candidate Night

Does your Unit distribute the American Legion’s Publication “The Dispatch” to members? \_\_\_\_\_ Yes \_\_\_\_\_ No

 How many members subscribe online to “The Dispatch” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many contacts have been made by our units using the follow methods?

 Letters Personal visits Phone calls/emails Replies

U.S. Representative \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

State Officials \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Local Officials \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

The White House \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Has your Unit submitted any activities to the Congressional Record? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Describe briefly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your Unit promote the Woman Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No. Describe briefly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did or will your Unit campaign to adopt civic and government education programs in public schools that teach “patriotic

 education”? \_\_\_\_\_ Yes \_\_\_\_\_ No. Describe briefly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please attach any narrative and/or pictures on a separate sheet!**

American Legion Auxiliary Department of Arkansas

1415 West 7th Street Little Rock AR 72201

**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **Membership Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Patricia Murray 501-681-6905

 P. O. Box 40

 Gillett AR 72055 Email: patricia\_murray@att.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of members in Unit? \_\_\_\_\_ Senior \_\_\_\_\_ Junior

Does your Unit hold regular meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many members participate in your Unit meetings? \_\_\_\_\_\_\_\_\_

Did or will your Unit submit a nominee for Senior Member of the Year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Unit work with the Membership Committee to increase membership? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Unit give new members a “New Member Packet” to help them understand the ALA organization?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, would you like assistance from the Membership Committee in developing one for your Unit?

Does your Unit hold orientations for new members? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If so, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many new senior members have joined your Unit since July 1? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many new junior members have joined your Unit since July 1? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many female veterans have joined your Unit since July 1? \_\_\_\_\_\_\_\_\_\_\_\_

Do your senior members attend Department Conferences/Meetings? \_\_\_\_\_ Yes \_\_\_\_\_No Check all that apply:

 \_\_\_\_\_ Fall Conference \_\_\_\_\_\_ Mid-Winter Conference \_\_\_\_\_ Spring Conference \_\_\_\_\_ Dept Convention

American Legion Auxiliary Department of Arkansas

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

 **National Security Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Denise Smith 603-490-0422

 106 Circle Drive

 Augusta, AR 72006

 Email: alwaysinmygarden@gmail.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the National Security Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of your Unit members are members of: \_\_\_\_\_\_\_\_ Gold Star Family \_\_\_\_\_\_ Blue Star Family

How many of your Unit members are Gold Star Mothers? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please report information where applicable |
|  | Special Programs | UnitParticipation | Number of Volunteers  | TotalHours | Total amount of expenses |
| 1 | Host CERT Program |  |  |  |  |
| 2 | Number of Members who participate in "Ready Kids" |  |  |  |  |
| 3 | Number of Members prepared "Ready ALA" |  |  |  |  |
|  | Total |  |  |  |  |
|  | Collaborative Program Efforts |  |  |  |  |
| 4 | Partner with a USO |  |  |  |  |
| 5 | Provide Blue Star and or Gold Star Banners to families |  |  |  |  |
| 6 | Honor POW and/or MIA at meetings & events |  |  |  |  |
| 7 | POW and/or MIA Adoption Program |  |  |  |  |
| 8 | Participate in Welcome Home Activities |  |  |  |  |
| 9 | Participate in a National Military Appreciation Month Event |  |  |  |  |
|  | Total |  |  |  |  |
|  | American Legion Support |  |  |  |  |
| 10 | Department. Legislative Lobbying Effort |  |  |  |  |
| 11 | Participate in a Blood Donor Program |  |  |  |  |
| 12 | Adopt a ROTC or Jr ROTC Unit |  |  |  |  |
| 13 | Present medals and/or certificates |  |  |  |  |
|  | Number of Medals presented |  |  |  |  |
|  | Number of Certificates presented |  |  |  |  |
|  | Total |  |  |  |  |
|  | Support the Troops |  |  |  |  |
| 14 | "America Supports You" |  |  |  |  |
| 15 | Month of the Military Child |  |  |  |  |
| 16 | Coupon and their monetary value |  |  |  |  |
| 17 | Toasty Toes |  |  |  |  |
| 18 | Neck Coolers/knit caps/comfort quilts |  |  |  |  |
| 19 | Total |  |  |  |  |
| **Please submit additional details regarding other National Security related projects or activities on a separate sheet of paper.** |

American Legion Auxiliary Department of Arkansas

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022**

**Poppy Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Nora Earnest 479-880-6891

5690 River Road

Pottsville, AR 72858 Email: noralearnest@gmail.com

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Poppy Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit order poppies from Department Headquarters? \_\_\_\_\_ Yes \_\_\_\_\_ No

 How many poppies were ordered for Fall Distribution 2021 (November)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How many poppies were ordered for Spring Distribution 2022 (May)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Was this an \_\_\_\_\_\_ increase, \_\_\_\_\_\_ decrease, or \_\_\_\_\_\_\_\_ same over last year?

Where did your Unit hold their poppy distribution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many members participated in the poppy distribution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Contributions from your poppy distribution. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit send 35% of your poppy distribution to Department headquarters to assist with veteran’s programs? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did or will your Unit sponsor a Poppy Poster contest? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, were certificates presented? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did or will your Unit hold a Miss Poppy contest? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Did you select a Miss Poppy for the age group 6-12? \_\_\_\_\_ Yes \_\_\_\_\_ No

 Did you select a Miss Poppy for the age group 13-18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your Unit send poppies to any elected officials? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Unit make poppies for your use? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If no, would you like to learn to make poppies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you get media coverage for any of your poppy events? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, please attach copies or details of the coverage.

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Email: **arkaux@att.net**

**2021 – 2022**

 **Public Relations Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Charlotte Purdy 870-59-1575

 1121 South Van Buren Street

 DeWitt, AR 72042 Email: charlotte964@centurylink.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Public Relations Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Unit identify and promote public relation needs for all ALA programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Unit support and promote the efforts of the National Public Awareness Campaign? \_\_\_ Yes \_\_\_No

Do your Unit members promote the ALA on social media sites? \_\_\_\_\_ Yes \_\_\_\_ No

Do your Unit members use the Department of Arkansas website? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Unit have a Facebook, Instagram or Twitter account? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, what is the name on the account(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit Promote the ALA by distributing information about the ALA in your community? \_\_\_Yes\_\_\_No

Did your Unit send articles ad announcements to your local newspaper? \_\_\_\_Yes \_\_\_\_No

Did your Unit use local radio or television stations for Public Service announcements? \_\_\_\_Yes\_\_\_\_No

American Legion Auxiliary Department of Arkansas

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**Mail**: P. O. Box 1010 Little Rock AR 72203

Phone: (501) 374-5836 Fax: (501) 372-0855

Email: **arkaux@att.net**

**2021 – 2022 Veterans Affairs & Rehabilitation Report Form**

**Due: April 15, 2022**

Please complete and forward to Department Chairman: Iris R. Murray 870-247-3757

 8707 Dollarway Road

 White Hall, AR 71602 Email: murray4903@sbcglobal.net

Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Unit officers and chairman read the Programs Action Plan for 2018 – 2022 and the Annual Supplement for Unit responsibilities for the Service for Veterans Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

What did your Unit implement from the Program Action Plan or Annual Supplement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please report information where applicable |
| Volunteer Service | UnitParticipated? | Number of Volunteers  | TotalHours | Expenses |
| VAMC Facilities / CBOC |  |  |  |  |
| Junior Service Projects/initiatives |  |  |  |  |
| Service to Veterans |  |  |  |  |
| Total |  |  |  |  |
| Volunteer Recruitment |  |  |  |  |
| New Senior VAMC Volunteers |  |  |  |  |
| New Junior VAMC Volunteers |  |  |  |  |
| New Service to Veterans Volunteers |  |  |  |  |
| Total |  |  |  |  |
| Collaborative Program Efforts |  |  |  | Donations |
| National Veterans Creative Arts Festival |  |  |  |  |
| Homeless Veterans Initiatives |  |  |  |  |
| Total |  |  |  |  |
|  |  |  |  |  |