



American Legion Auxiliary Department of Arkansas  
1415 West 7<sup>th</sup> Street, Little Rock, AR 72001  
Phone: (501) 374-5836 Fax: (501) 372-0855  
Email: arkaux@att.net

**2018 – 2019**

**PROGRAM ACTION PLAN**

**Mid-Year Reports due December 15, 2018**

**Year-End Reports due May 1, 2019**

**Department Committee Report Forms**

- Americanism and Essay Contest Cover Sheet
- Auxiliary Emergency Fund
- History
- Department Chaplain
- Department Historian
- Children and
- Community Service
- Constitution and Bylaws
- Education
- Girls State
- Junior Activities
- Leadership
- Legislative
- Membership for Seniors and Juniors
- National Security
- Past Presidents Parley
- Poppy and Poppy Order Form
- Public Relations
- Veterans Affairs & Rehabilitation



American Legion Auxiliary Department of Arkansas  
 1415 West 7<sup>th</sup> Street, Little Rock, AR 72001  
 Phone: (501) 374-5836 Fax: (501) 372-0855  
 Email: [arkaux@att.net](mailto:arkaux@att.net)

**2018 – 2019 Americanism Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Lisa Evridge      501-206-5389  
 46 Ridgecrest Road  
 Heber Springs, AR 72543 Email: [lisaevridge@gmail.com](mailto:lisaevridge@gmail.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 2018-2019 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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**2018 – 2019 Auxiliary Emergency Fund Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Naomi Borchert 870-672-3002  
 17 C & H Circle  
 Stuttgart, AR 72160 Email: [twins32351@gmail.com](mailto: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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**2018 – 2019 History Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Nora Earnest 479-880-6891  
5690 River Road  
Pottsville, AR 72858 Email: [noralearnest@hotmail.com](mailto:noralearnest@hotmail.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

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### 2018 – 2019 Unit Chaplain Report Form

**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chaplain: Judy Sellers 501-590-4968  
 12501 Arch Street  
 Little Rock, AR 72204 Email: [jgsellers656@gmail.com](mailto:jgsellers656@gmail.com)

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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**2018 – 2019 Historian Report Form**

**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Historian: Wanda Honeycutt 870-462-8871  
 2 Club Court  
 Jacksonville, AR 72076 wshoneycutt@netscape.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 guess, 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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**2018 – 2019 Children & Youth Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: LaNae Taylor 479-236-4237  
1248 Willow Oak Street  
Elkins, AR 72727-6100 Email: [lanacenter@gmail.com](mailto:lanacenter@gmail.com)

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. of ours 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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**2018 – 2019 Community Service Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Jo Anne Cobb 201-417-5552  
 1563 Farrell Street  
 Pea Ridge, AR 72751 Email: jahcobb@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.

<u>Program Activity</u>	<u>Number of Members</u>	<u>Money Spent</u>	<u>Hours Volunteered</u>
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: _____	_____	_____	_____

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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**2018 – 2019 Constitution & Bylaws Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Melissa Mangini 501-368-9996  
 P. O. Box 1235  
 Heber Springs, AR 72543 Email: [melissamangini@msn.com](mailto:melissamangini@msn.com)

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



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**2018 – 2019 Education Report Form**

**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Nancy French 501-224-0779  
 3916 Tudor Drive  
 Little Rock, AR 72204 Email: frenchie3451@aol.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 about the following scholarships available through the American Legion Auxiliary? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> National President's | <input type="checkbox"/> Department (Academic)               |
| <input type="checkbox"/> Spirit of Youth      | <input type="checkbox"/> Department (Nurses)                 |
| <input type="checkbox"/> Non-Traditional      | <input type="checkbox"/> 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?  
 \_\_\_\_\_  
 \_\_\_\_\_

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



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 Phone: (501) 374-5836 Fax: (501) 372-0855  
 Email: [arkaux@att.net](mailto:arkaux@att.net)

**2018 – 2019 ALA Arkansas Girls State Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Naomi Borchert 870-672-3002  
 17 C & H Circle  
 Stuttgart, AR 72160 Email: [twins32351@gmail.com](mailto: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 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?

\_\_\_\_\_

\_\_\_\_\_

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 2018:

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



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**2018 – 2019 Junior Activities Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Michelle Henning Phone: 479-426-8315  
 29 Murphy Drive, Bella Vista AR 72725  
 Email: ARALAJuniors@gmail.com

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? \_\_\_\_\_  
 \_\_\_\_\_  
 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?  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 _____
Volunteers _____ 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 _____

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



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**2018 – 2019 Leadership Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Dale Lester 501-206-9533  
 8900 Brockington Road #29  
 Sherwood, AR 72120 Email: dc2ar@yahoo.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



American Legion Auxiliary Department of Arkansas  
 1415 West 7<sup>th</sup> Street, Little Rock, AR 72001  
 Phone: (501) 374-5836 Fax: (501) 372-0855  
 Email: [arkaux@att.net](mailto:arkaux@att.net)

**2018 – 2019 Legislative Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Marilyn Pepper 870-314-4002  
 1234 South Caledonia Road  
 Junction City, AR 71749  
 Email: [marilynpepper5759@yahoo.com](mailto:marilynpepper5759@yahoo.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 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?  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Did or will your Unit campaign to adopt civic and government education programs in public schools that teach "patriotic education"? \_\_\_\_ Yes \_\_\_\_ No. Describe briefly \_\_\_\_\_  
 \_\_\_\_\_

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



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**2018 – 2019 Membership Report Form**

**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Carol Westergren 501-288-2446  
 204 Pruitt Street  
 Beebe, AR 72012 Email: [cwestergren@earthlink.net](mailto:cwestergren@earthlink.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 Education Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

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



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**2018 – 2019 National Security Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Denise Smith 603-490-0422  
 106 Circle Drive  
 Augusta, AR 72006  
 Email: [alwaysinmygarden@gmail.com](mailto: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	Unit Participation	Number of Volunteers	Total Hours	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				
<b>Please submit additional details regarding other National Security related projects or activities on a separate sheet of paper.</b>					



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**2018 – 2019 Past Presidents Parley Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Betty Minor 870-247-4413  
1600 Barney Lane  
White Hall, AR 71602  
Email: [bminor47@sbcglobal.net](mailto:bminor47@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 Past President's Parley Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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**UNIT MEMBER OF THE YEAR 2018 - 2019**

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.



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Email: [arkaux@att.net](mailto:arkaux@att.net)

**2018 – 2019 Poppy Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Nora Earnest 479-880-6891  
5690 River Road  
Pottsville, AR 72858 Email: [noralearnest@hotmail.com](mailto:noralearnest@hotmail.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 2018 (November)? \_\_\_\_\_

How many poppies were ordered for Spring Distribution 2019 (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: [arkaoux@att.net](mailto:arkaoux@att.net)

**2018 – 2019 Public Relations Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Charlotte Purdy 870-59-1575  
 1121 South Van Buren Street  
 DeWitt, AR 72042 Email: [charlotte964@centurylink.net](mailto: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?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please report information where applicable				
Did your Unit:	Unit Participation	Number of Volunteers	Total Hours	Total amount of expenses
Promote the ALA by distributing information about the ALA in your community?				
Send articles and announcements to your local newspaper?				
Use the local radio or television stations for Public Service announcements?				

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)? \_\_\_\_\_  
 \_\_\_\_\_

Please provide details about other Public Relations related activities on a separate sheet. Attach articles and photos!



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**2018 – 2019 Service for Veterans Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Michelle Henning Phone: 479-426-8315  
 29 Murphy Drive, Bella Vista AR 72725  
 Email: ARALAJuniors@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 Service for Veterans Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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Did your Unit members perform activities under the Service for Veterans program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Per the VA&R Guide for Volunteers, Service to Veterans is any service provided to a sick or injured veteran outside of a VAMC or within a volunteer’s home.

**Examples of Locations:**

. any work done on behalf of veterans in state- or community-based nursing homes, adult daycare centers, adult foster homes, adult halfway houses, hospices, homeless shelters, and stand downs.

**Other examples of volunteering opportunities for Service to Veterans:**

Assisting a veteran’s family with veterans’ burial or graveside upkeep, transportation, snow removal, landscaping/yard work, tax preparation and organizing food and blanket drives.

Examples of work completed within one’s home for military/veterans and/or their families who are not related to the volunteer. The hours can benefit the homebound, sick or injured service members or veterans.

The hours reported should be directly related to the care, rehabilitation or welfare of a sick or wounded veteran.

**Examples of activities:**

. crafting (quilts, scarves, hats, gloves, etc.), sewing, cooking/baking, laundry, coupon clipping, babysitting, shopping for material and supplies for services performed in your own home, hospital gift shop items (made at home), computer research on a veteran’s benefits or assisting with veterans’ job search.

**Examples of Service to Veterans or their families for Junior Volunteers:**

. reading aloud to a veteran or group of veterans or their children, playing board games or card games, planning activities (holidays), and helping to establish an email account or social media page.

**Reporting Annual Impact Numbers:** These hours can be counted only once for reporting purposes, which may be separate from the tracking of your hours toward earning hour bars. If reported under VA&R, you shouldn’t report them again under another committee such as National Security or Community Service.

(list activities on the next page)





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**2018 – 2019 Veterans Affairs & Rehabilitation Report Form**  
**Due Dates: Mid-Year by December 15, 2018 and Year-End by May 1, 2019**

Please complete and forward to Department Chairman: Iris R. Murray 870-247-3757  
 8707 Dollarway Road  
 White Hall, AR 71602 Email: [murray4903@sbcglobal.net](mailto: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	Unit Participated?	Number of Volunteers	Total Hours	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				

