



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

2018 – 2019

PROGRAM ACTION PLAN

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 7th Street, Little Rock, AR 72001
 Phone: (501) 374-5836 Fax: (501) 372-0855
 Email: arkaux@att.net

2018 – 2019 Americanism Report Form
Due Date: 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

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



American Legion Auxiliary Department of Arkansas
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 Phone: (501) 374-5836 Fax: (501) 372-0855
 Email: arkaux@att.net

2018 – 2019 Auxiliary Emergency Fund Report Form
Due Date: 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

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?

ATTACH EXTRA SHEETS IF NEEDED



American Legion Auxiliary Department of Arkansas
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Phone: (501) 374-5836 Fax: (501) 372-0855
Email: arkaux@att.net

2018 – 2019 History Report Form
Due Date: 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

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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 Phone: (501) 374-5836 Fax: (501) 372-0855
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2018 – 2019 Unit Chaplain Report Form
Due Date: 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

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:

ATTACH EXTRA SHEETS IF NEEDED



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 Phone: (501) 374-5836 Fax: (501) 372-0855
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2018 – 2019 Historian Report Form
Due Date: 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 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) _____



American Legion Auxiliary Department of Arkansas
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Phone: (501) 374-5836 Fax: (501) 372-0855
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2018 – 2019 Children & Youth Report Form
Due Date: 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

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 Date: 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 Date: Year-End by May 1, 2019

Please complete and forward to Department Chairman: Melissa Mangini 501-368-9996
 P. O. Box 1236
 Heber Springs, AR 72543 Email: 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 Date: 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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 1415 West 7th Street, Little Rock, AR 72001
 Phone: (501) 374-5836 Fax: (501) 372-0855
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2018 – 2019 ALA Arkansas Girls State Report Form
Due Date: 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

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 Date: 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 Date: 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



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 1415 West 7th Street, Little Rock, AR 72001
 Phone: (501) 374-5836 Fax: (501) 372-0855
 Email: arkaux@att.net

2018 – 2019 Legislative Report Form
Due Date: 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

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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 Email: arkaux@att.net

2018 – 2019 Membership Report Form
Due Date: 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

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 Date: 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

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	CouponS 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.					



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2018 – 2019 Past Presidents Parley Report Form
Due Date: 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

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?

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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2018 – 2019 Poppy Report Form
Due Date: 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

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.



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

2018 – 2019 Public Relations Report Form
Due Date: 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

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 Date: 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?

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 Date: 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

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				