

**American Legion Auxiliary, Department of Florida
National Security Program
Unit Year-End Report 2016-2017**

Unit Name _____ Unit Number _____ District _____

Unit Chairman _____ Unit President _____

Chairman's email _____

This is what our Unit did for the Department of Florida National Security Program from
May 2016 – April 2017

1. Our Service for Veterans

- a. Hours volunteered assisting wounded warriors _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____

2. Our service for active duty military and their families

- a. Hours volunteered for shopping and preparing care packages _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
- b. Hours volunteered for collecting, cutting and mailing coupons _____
 - i. Dollar value of coupons sent _____
- c. Hours volunteered distributing Blue Star Banners _____
 - i. Dollars spent _____
 - ii. Number of Banners presented _____
- d. Hours volunteered distributing Gold Star Banners _____
 - i. Dollars spent _____
 - ii. Number of Banners presented _____

- e. Hours volunteered assisting families of deployed military _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of military served _____
 - f. Hours volunteered in Welcome Home Events _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of military served _____
 - g. Hours volunteered in deployment ceremonies _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
 - h. Hours volunteered in Yellow Ribbon programs _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
3. Disaster preparedness volunteer hours _____
- i. Dollars spent _____
 - ii. Cert trainings done _____
 - iii. Number of volunteers certified _____

If more space is needed please, use an additional sheet to tell us about any other activities your Unit worked on this year.

Please send two (2) copies to your District Chairman and keep a copy for your files. This report must be received no later than April 1, 2017.

**American Legion Auxiliary, Department of Florida
National Security Program
District Year-End Report 2016-2017**

District #: _____

District Chairman Name and email address: _____

District President Name and email address: _____

This is what our Districts did for the Department of Florida National Security Program
from May 2016 – April 2017

1. Our Service for Veterans
 - a. Hours volunteered assisting wounded warriors _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
2. Our service for active duty military and their families
 - a. Hours volunteered for shopping and preparing care packages _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
 - b. Hours volunteered for collecting, cutting and mailing coupons _____
 - i. Dollar value of coupons sent _____
 - c. Hours volunteered distributing Blue Star Banners _____
 - i. Dollars spent _____
 - ii. Number of Banners presented _____
 - d. Hours volunteered distributing Gold Star Banners _____
 - i. Dollars spent _____
 - ii. Number of Banners presented _____

- e. Hours volunteered assisting families of deployed military _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of military served _____
 - f. Hours volunteered in Welcome Home Events _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of military served _____
 - g. Hours volunteered in deployment ceremonies _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
 - h. Hours volunteered in Yellow Ribbon programs _____
 - i. Dollars spent _____
 - ii. Value of In Kind donations _____
 - iii. Number of veterans served _____
3. Disaster preparedness volunteer hours _____
- i. Dollars spent _____
 - ii. Cert trainings done _____
 - iii. Number of volunteers certified _____

Please use an additional sheet of paper to tell us about the other activities the Units reported on this year.

Please send two (2) copies to the Department National Security Chairman and keep a copy for your files. This report must be received no later than April 15, 2017.

**American Legion Auxiliary, Department of Florida
National Security Program 2016-2017
ROTC/JROTC Year-End Report**

District: _____ Unit Number: _____ Unit Name _____

Unit Chairman: _____ Phone # _____

Chairman Address: _____

Unit President _____ Phone # _____

President Address _____

Unit Address _____

Did your Unit adopt an ROTC/JROTC? Yes No

Did they participate in your programs? Yes No

In what programs did they participate? _____

How many ROTC/JROTC medals were presented by the Unit? _____

How many certificates were presented by the Unit? _____

Did the Unit donate money to ROTC/JROTC? Yes _____ No _____ How much? _____

Please describe any activities not mentioned above between the Unit and ROTC/JROTC

If additional space is needed please use another sheet and attach to this form.

This form MUST be completed and sent to DEPARTMENT COMMITTEE MEMBER no later than April 15, 2017. If applying for the Department award, please include the narrative report also.

Linda Hall
3704 5th Street West
Lehigh Acres, FL 33971

**American Legion Auxiliary, Department of Florida
National Security Program 2016-2017
District C.E.R.T. Training**

District # _____ Number of Units in District _____

District President _____ Phone # _____

District Chairman _____ Phone # _____

District Chairman Address _____

Did your District hold a C.E.R.T. training class? Yes No How Many? _

How many Units participated? _____ Number of Members _____

Was this event shared with the Legion? Yes No

How many members in district have had prior C.E.R.T. training? _____

Total number of members in District with C.E.R.T. training. _____

Below is a space to provide details on the C.E.R.T. training performed in the District

If more space is needed please, use an additional sheet

This form MUST be completed and sent to DEPARTMENT COMMITTEE MEMBER no later than April 15, 2017. If applying for the Department award, please include the narrative report also.

Connie Murray
5699 Whitesands Rd.
Keystone Heights, FL 32656
comurray@earthlink.net



**American Legion Auxiliary
2016-2017 National Award Cover Sheet**

This cover sheet should be attached to each narrative submitted for a national award. Please fill out the information as completely and accurately as possible.

Award certificates will be completed using the information given on this sheet, so please write carefully. All awards will be mailed to the department office after national convention. Department presidents may wish to recognize award recipients by presenting them at a department function.

National committee sponsoring award: National Security

Type of Award: Department Unit Member

Name of the award you are applying for: Military Support Unit Award

Complete the following if you are applying for a department award:

Name of department: _____

Name of department chairman: _____

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

Chairman's email address: _____

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

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (circle one) name: _____

Phone number: (____) _____ ALA member ID#: _____

Email address: _____

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

Unit #: _____ Full official unit name: _____

Name of department: _____

Member Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____) _____

Nominator's Email address: _____