



1912A LEE ROAD
ORLANDO, FL 32810
407-293-7411

American Legion Auxiliary
Department of Florida
APPLICATION FOR CERTIFIED ABC INSTRUCTOR

Name: _____ Member of Unit# _____ District # _____

I submit my application to become a Certified ABC Instructor. I have completed the criteria as follows:

Attended Orientation Training Session:

Location: _____ Date: _____

Attended two (2) ABC Schools of at least four (4) hours duration as an observer to the instructor:

1. Location: _____ Date: _____

2. Location: _____ Date: _____

Assisted in three (3) ABC Schools of at least four (4) hours duration with a Certified Instructor, assigned by the Department Leadership Chairman:

1. Certified Instructor: _____ Date: _____ Location: _____

2. Certified Instructor: _____ Date: _____ Location: _____

3. Certified Instructor: _____ Date: _____ Location: _____

I was the Lead Instructor in Two (2) ABC Schools, observed by two different Certified Instructors:

1. Location: _____ Date: _____

2. Location: _____ Date: _____

I have successfully completed the following ALA Academy Classes:

1. ALA 101 Date Completed: _____

2. How to Deal with Conflict Date Completed: _____

3. Establishing a Culture of Goodwill Date Completed: _____

4. Leadership Fundamentals Date Completed: _____

5. Communications 201 Date Completed: _____

Having completed all the above-listed requirements, I am submitting my application to become a Certified ABC School Instructor.

Signature: _____ Date: _____

Approved by: _____ Date: _____

(Department Leadership Chairman)

Approved by: _____ Date: _____

(Department President)

When completed please email to the current Leadership Chairman at leadership@alaf.org