

American Legion Auxiliary Department of Florida
ABC Trainee Application Form

Personal Profile

Name _____ Phone _____

Email _____ Cell _____

Address _____

City _____ Zip _____

Unit # _____ District _____ How many years have you been a member _____

ALA Eligibility

ALA Experience

Education/Work History

Achievements

Why do you feel you would be an effective ABC Instructor?

What ALA Academy leadership training courses have you taken? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> ALA 101 | <input type="checkbox"/> ALA Communication Methods |
| <input type="checkbox"/> Leadership, Living our Motto of Service not Self | <input type="checkbox"/> ALA Fundraising Course |
| <input type="checkbox"/> Establishing an ALA Culture of Goodwill | <input type="checkbox"/> ALA Juniors, E Learning Courses |
| <input type="checkbox"/> ALA Branding and why it matters to me | <input type="checkbox"/> How to deal with conflict |

Have you utilized any of the following "How to Sheets"? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> How to Utilize a Member Data Survey Form | <input type="checkbox"/> How to Conduct a Unit Meeting |
| <input type="checkbox"/> How to Lead a Small Unit | <input type="checkbox"/> How to Grow Leadership Capacity |
| <input type="checkbox"/> How to Nurture a Culture of Goodwill | |

Hobbies/other interests

When completed please mail to the current Department Leadership Chairman who is listed in the current Department Unit Guide.

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 mail to the current Leadership Chairman listed in current Department Unit Guide.