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**

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**ALA Experience**

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**Education/Work History**

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**Achievements** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_ALA 101 \_\_\_\_ALA Communication Methods

\_\_\_\_Leadership, Living our Motto of Service not Self \_\_\_\_ALA Fundraising Course

\_\_\_\_Establishing an ALA Culture of Goodwill \_\_\_\_ALA Juniors, E Learning Courses

\_\_\_\_ALA Branding and why it matters to me \_\_\_\_How to deal with conflict

**Have you utilized any of the following “How to Sheets”? Check all that apply**

\_\_\_\_How to Utilize a Member Data Survey Form \_\_\_\_How to Conduct a Unit Meeting

\_\_\_\_How to Lead a Small Unit \_\_\_\_How to Grow Leadership Capacity

\_\_\_\_How to Nurture a Culture of Goodwill

**Hobbies/other interests**

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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.