

# **KIT OF REPORTS**

## **THE FOLLOWING ATTACHED DOCUMENTS ARE YOUR REPORT FORMS FOR THE 2016-2017 ANNUAL YEAR**

**Tear Off Each Report Form, Fill Out, and Send to your  
Department Chairman or District Chairman along with your  
Program Narrative**

**CITATION OF MERIT**



**REQUIREMENT**

- All of the report forms are included in this packet. You will also see this STAMP on the report forms that are required for the Citation of Merit.
- You can find all of the Plans of Action and the Report Forms on the Department Website: [www.alaohio.com](http://www.alaohio.com)
- Don't forget to complete your Unit Impact Numbers Report! It is now a requirement for the Citation of Merit.

### **UNIT REPORTING RECOMMENDATIONS**

1. The report form shall be attached to all narratives. This form states the award applying for, contact information, program name and boxes to be filled in at the bottom.
2. Those boxes are total number of volunteers, total number of Junior volunteers, total number of volunteer hours, total \$ spent, total number of veterans served, and total number of people affected.
  - a) All zeros is the same as no report. There must be at least one (1) number in the boxes.
  - b) A Unit may make a donation with no volunteer hours. There would only be a dollar amount in the total dollars spent.
  - c) If Juniors do not volunteer in the program or the Unit does not have any Juniors, a zero would be put in the total number of Junior volunteers.
  - d) The VA&R report should include the assessment from dues of \$0.75 x each paid member and included in the total dollars spent. Also include this information in the narrative.
  - e) The Children & Youth report should include the assessment from dues of \$0.25 x each paid member and included in the total dollars spent. Also include this information in the narrative.
3. Rules for narratives as listed in each Plan of Action.

### **YEAR END REPORTING**

1. All reports and applications shall be submitted by due dates as listed by Department Chairmen .
2. An Annual Impact report shall be completed by the Unit and submitted to the District President. District President shall submit a District Annual Impact Report to Department Headquarters.
3. Reports must be submitted as specified below in order for the Unit to receive the coveted "CITATION OF MERIT"
4. All required reports must be made on OFFICIAL REPORT FORMS. A report form with nothing reported does not count as a report received.
5. District Chairman shall track all Unit Reports received on a District worksheet and submit to Department Chairman by the date specified in the Plan of A

**CITATION OF MERIT REQUIREMENTS**  
Resolution Adopted Department Convention, 2014.

<u>PROGRAM</u>	<u>REPORTS REQ'D</u>	<u>MAIL TO</u>	<u>DEADLINE</u>
Americanism	1	District Chairman	April 15
Bonding Fee *	0	Department Headquarters	May 1
Chaplain	1	Department Chaplain	April 15
Children & Youth***	1	District Chairman	Deadline Date
Community Service	1	District Chairman	April 15
History	1	Department Chairman	April 15
Legislative	1	Department Chairman	April 15
Membership **	0	Dept. Headquarters	GOAL by last day of business in May
National Security	1	Department Chairman	April 15
Poppy ***	1	Department Chairman	Deadline Date
Plus Small Poppy Purchase ****		Department Headquarters	Dec 31
Veterans Affairs & Rehab	1	District Chairman	April 15
Unit Year-End Impact #s Report1		District President	May1

\* The Unit Bonding Fee must be paid and received in Department Headquarters on or before May 1 of the year for which it is due.

\*\* Membership Goal is set by Department and listed in the Buckeye Messenger. Transmittal forms accompanied with properly marked unit rosters must be received in Department Headquarters on or before 10:00 AM the last day of business in May of each year; all transmittals must be accompanied by a check in the correct amount. Do not include any other moneys in your check for Membership dues.

\*\*\* Deadline date for Report is determined by the Department Chairman and is stated on the annual report form.

\*\*\*\* Purchase of small veteran-made Poppies for distribution in your community must be made through Department Headquarters. Small poppies must be ordered and paid for by December 31 of each year to be considered for a Citation of Merit. Send Poppy Order Form with check in correct amount payable to:

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OHIO, INC.  
P O BOX 2760  
ZANESVILLE OH 43702-2760**

All required reports must be made on OFFICIAL REPORT FORMS. A report form with nothing reported does not count as a report received.

Reports can be Emailed, Faxed,  
or US Postal Service. The most  
important thing is that Units report  
their good works!  
Please Send in your Reports

**COMPLETE THE APPLICABLE SECTION:**  
**(Individual Member, Unit, District/County, or Department)**

*American Legion Auxiliary*

## MEMBER Year-End Impact Numbers Report

I am a member of Unit # \_\_\_\_\_, Unit Name \_\_\_\_\_

Department \_\_\_\_\_

My name \_\_\_\_\_

Here is what I did in the 12 months from \_\_\_/\_\_\_/2016 to \_\_\_/\_\_\_/2017:

- 1. My service for veterans** (Examples include hours volunteering at the VA, helping wounded warriors and elderly veterans at home, providing transportation, distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, helping National Guard Family Support Groups, supporting their needs lists; supporting adopt-a-military-family projects; fundraising events at your unit, such as a Walk, Run & Roll, assisting with veterans job fairs, advocating for The American Legion legislative agenda that supports veterans, etc.)

Hours I volunteered: \_\_\_\_\_

Dollars I personally spent: \$ \_\_\_\_\_

Value of in-kind donations received: \$ \_\_\_\_\_

In-kind donations are non-cash donations of goods or services that offset your expenses.

Number of veterans assisted: \_\_\_\_\_

Number of Veterans in Community Schools presentations I facilitated: \_\_\_\_\_

- 2. My service for active-duty and reserve military** (examples include shopping for and preparing care packages, writing letters, contacting legislators, helping with US military or National Guard send-off and welcome-home events, etc.)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of servicemembers served: \_\_\_\_\_

- 3. My service for military families: include programs specifically for military and veterans' children** (examples include organizing and delivering hero packs, helping with service projects, providing child care, tutoring at school, distributing Blue Star Banners, coupon clipping for active-duty military, adopting a military family, providing military G.I. Josh dogs, etc.)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of military families served: \_\_\_\_\_

**4. Service to our Children & Youth (Note: Some of this information will also be reported to The American Legion)**

Number of volunteer hours served for all children, not just military children: \_\_\_\_\_

Number of hours volunteered for patriotic programs for children: \_\_\_\_\_

Dollar amount of goods given to children (whole dollar amounts, reasonable estimate): \$ \_\_\_\_\_

Dollar amount of cash aid given to benefit children (whole dollar amounts): \$ \_\_\_\_\_

Dollar amount of contributions to TAL Family Support Network (whole dollar amounts): \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Endowment Fund (whole dollar amounts): \$ \_\_\_\_\_

Dollar amount of contributions to all other child service charities (whole dollar amounts): \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Child Welfare Foundation (whole dollar amounts):

\$ \_\_\_\_\_

Dollar amount of contributions to Temporary Financial Assistance (whole dollar amounts): \$ \_\_\_\_\_

**5. Service to Our Communities**

Total number of hours doing community service for any projects not included in questions 1 through 4 (i.e., blood drives, walks for community causes, food pantries, etc.): \_\_\_\_\_

Total dollars spent doing community projects not included in questions 1 through 4: \$ \_\_\_\_\_

**When completed, send to:** \_\_\_\_\_ **by** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Get name and date from unit)



Turn In To District President by May 1st

**REQUIREMENT**

*American Legion Auxiliary*

# UNIT Year-End Impact Numbers Report

Unit # \_\_\_\_\_, Unit Name \_\_\_\_\_

Department \_\_\_\_\_

Unit President \_\_\_\_\_

Your Name (if other than president) \_\_\_\_\_

Your Email \_\_\_\_\_

Here is what our unit did in the 12 months from \_\_\_\_/\_\_\_\_/2016 to \_\_\_\_/\_\_\_\_/2017:

- Our service for veterans** (examples include hours volunteering at the VA, helping wounded warriors and elderly veterans at home, providing transportation, distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, fundraising events at your unit or post, assisting with veterans job fairs, helping homeless veterans and their families, advocating for The American Legion legislative agenda that supports veterans, organizing a Walk, Run & Roll, etc.)

Hours volunteered (by members reporting): \_\_\_\_\_

Dollars we spent: \$ \_\_\_\_\_

Value of in-kind donations received: \$ \_\_\_\_\_

In-kind donations are non-cash donations of goods or services that offset your expenses.

Total amount of contributions made to other organizations or agencies (except Child Welfare Foundation)

Number of veterans assisted: \_\_\_\_\_

Number of *Veterans in Community Schools* presentations facilitated: \_\_\_\_\_

Number of poppies or poppy items distributed: \_\_\_\_\_

Dollars raised from the poppies or poppy items distributed: \$ \_\_\_\_\_

- Our service for active-duty and reserve military** (examples include shopping for and preparing care packages, writing letters, contacting legislators, helping with US military or National Guard send-off and welcome-home events)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of US servicemembers served: \_\_\_\_\_

- Our service for military families: Include programs specifically for military and veterans' children.** (examples include organizing and delivering hero packs, helping with service projects, providing child care, tutoring at school, distributing Blue Star Banners, clipping coupons for active-duty military, adopting a military family, providing G.I. Josh dogs, etc.)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of military families served: \_\_\_\_\_

- Scholarships our unit presented:**

Number of scholarships presented/awarded: \_\_\_\_\_

Dollar amount of local scholarships \$ \_\_\_\_\_

Dollar amount donated to department scholarships \$ \_\_\_\_\_

- Service to our Children & Youth (Note: Some of this information will also be reported to The American Legion)**

Number of hours volunteered serving all children, not just military children: \_\_\_\_\_

Number of hours volunteered for patriotic programs for children: \_\_\_\_\_

Number of Children & Youth activities held: \_\_\_\_\_

Number of children given aid (cash or goods): \_\_\_\_\_

Dollar amount of goods given to children (whole dollar amounts, reasonable estimate): \$ \_\_\_\_\_

Dollar amount of cash aid given to benefit children: \$ \_\_\_\_\_

Unit participation (check all that apply):

Health & Safety (Play It Safe, Youth Suicide, Gateway Drugs)       Halloween Safety  
 April is C&Y Month       Family Support Network  
 Temporary Financial Assistance       National Family Week

Dollar amount of parties, dinners, prizes and gifts for children related activities: \$ \_\_\_\_\_

Dollar amount of administrative costs (paper, equipment, etc.) for children related activities: \$ \_\_\_\_\_

Dollar amount of all other expenses: \$ \_\_\_\_\_

Dollar amount of contributions to TAL Family Support Network: \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Endowment Fund: \$ \_\_\_\_\_

Dollar amount of contributions to all other child service charities: \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Child Welfare Foundation: \$ \_\_\_\_\_

Dollar amount of contributions to Temporary Financial Assistance: \$ \_\_\_\_\_

**6. ALA Girls State**

Total number of volunteer hours spent on recruiting delegates for ALA Girls State: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Expenditures for promotion of and recruitment for ALA Girls State: \_\_\_\_\_

**7. Service to Our Communities**

Total number of hours doing community service for any projects not included in questions 1 through 6 (i.e., blood drives, walks for community causes, food pantries, etc.): \_\_\_\_\_

Total dollars spent doing community projects not included in questions 1 through 6: \$ \_\_\_\_\_

**When completed, send to:** \_\_\_\_\_ by \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Get name and date from district or county, if applicable, or department)



REQUIREMENT

Turn In To Department Secretary by May 15th

American Legion Auxiliary

# DISTRICT/COUNTY Year-End Impact Numbers Report

District/County # \_\_\_\_\_ Department \_\_\_\_\_

Number Units \_\_\_\_\_ Number Units Reporting \_\_\_\_\_

District/County President \_\_\_\_\_

Here is what our district/county did in the 12 months from \_\_\_\_\_ / \_\_\_\_\_ /2016 to \_\_\_\_\_ / \_\_\_\_\_ /2017:

- Our service for veterans** (examples include hours volunteering at the VA, helping wounded warriors and elderly veterans at home, providing transportation, distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, fundraising events at your unit or post, assisting with veterans job fairs, helping homeless veterans and their families, advocating for The American Legion legislative agenda that supports veterans, organizing Walk, Run & Roll events, etc.)

Hours volunteered: \_\_\_\_\_

Dollars we spent: \$ \_\_\_\_\_

Value of in kind donations received: \$ \_\_\_\_\_

In-kind donations are non-cash donations of goods or services that offset your expenses.

Total amount of contributions made to other organizations or agencies (except Child Welfare Foundation)

Number of veterans assisted: \_\_\_\_\_

Number of Veterans in Community Schools presentations facilitated: \_\_\_\_\_

Number of poppies or poppy items distributed: \_\_\_\_\_

Dollars raised from the poppies or poppy items distributed: \$ \_\_\_\_\_

- Our service for active-duty and reserve military** (Examples include shopping for and preparing care packages, writing letters, contacting legislators, helping with US military or National Guard send-off and welcome-home events) Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of US servicemembers served: \_\_\_\_\_

- Our service for military families: Include programs specifically for military and veterans' children** (examples include organizing and delivering hero packs, helping with service projects, providing child care, tutoring at school, distributing Blue Star Banners, adopting a military family, providing G.I. Josh dogs, etc.)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of military families served: \_\_\_\_\_

- Scholarships our district/county and units presented:**

Total number of scholarships presented: \_\_\_\_\_

Total dollar amount of all scholarships presented \$ \_\_\_\_\_

Total dollar amount donated to department scholarships \$ \_\_\_\_\_

- Service to our Children & Youth (Note: Some of this information will also be reported to The American Legion)**

Number of hours volunteered serving all children, not just military children: \_\_\_\_\_

Number of hours volunteered for patriotic programs for children: \_\_\_\_\_

Number of Children & Youth activities held: \_\_\_\_\_

Number of children given aid (cash or goods): \_\_\_\_\_

Dollar amount of goods given to children (whole dollar amounts, reasonable estimate): \$ \_\_\_\_\_

Dollar amount of cash aid given to benefit children: \$ \_\_\_\_\_

District/County participation (check all that apply):

Health & Safety (Play It Safe, Youth Suicide, Gateway Drugs)       Halloween Safety  
 April is C&Y Month       Family Support Network  
 Temporary Financial Assistance       National Family Week

Dollar amount of parties, dinners, prizes and gifts for children related activities: \$ \_\_\_\_\_

Dollar amount of administrative costs (paper, equipment, etc.) for children related activities: \$ \_\_\_\_\_

Dollar amount of all other expenses: \$ \_\_\_\_\_

Dollar amount of contributions to TAL Family Support Network: \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Endowment Fund: \$ \_\_\_\_\_

Dollar amount of contributions to all other child service charities: \$ \_\_\_\_\_

Dollar amount of contributions to American Legion Child Welfare Foundation: \$ \_\_\_\_\_

Dollar amount of contributions to Temporary Financial Assistance: \$ \_\_\_\_\_

**6. ALA Girls State**

Total number of volunteer hours spent on recruiting delegates for ALA Girls State, orientation and other activities: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Expenditures for promotion of and recruitment for ALA Girls State: \_\_\_\_\_

**7. Service to Our Communities**

Total number of hours doing community service for any projects not included in questions 1 through 5 (i.e., blood drives, walks for community causes, food pantries, etc.): \_\_\_\_\_

Total dollars spent doing community projects not included in questions 1 through 6: \$ \_\_\_\_\_

**When completed, send to:** \_\_\_\_\_ *by* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Get name and date from department)





# Ohio Unit Plan of Action



## AMERICANISM

### CHAIRMAN

Carole Sowards  
 420 Zanesville Rd.  
 Roseville, Ohio 43777  
 (740) 697-7465 (home)  
 (740) 704-8518(cell)  
 Email – dsowards3@columbus.rr.com

### VICE CHAIRMAN

Debbie Miller  
 Post Office Box 272  
 Waterford, Ohio 45786-0272  
 (740) 984-1906 (home)  
 (740) 525-5250 (cell)  
 Email – debs4mms@aol.com

### REPORT DUE :

*(Essay Contest)*

### SEND REPORT TO :

**April 15, 2017**

**\*\*April 1 2017\*\***

**Your District Americanism Chairman**

(address shown below)

### CITATION OF MERIT



### REQUIREMENT

## District Americanism Chairmen

01	063	PAT	AGNER	1012 E. 2ND ST	OTTAWA	45875	(419) 523-6750	jagner@woh.rr.com
02	173	RUTH	PETERS	205 N HAYES ST	BELLEFONTAINE	43311	(937) 539-8161	rpeters3704@twc.com
03	776	DEBRA	SMITH	3300 WYOMING DR	XENIA	45385	(937) 838-5485	debor7anne@yahoo.com
04	450	DEBBIE	MONROE	4605 BELLS LAKE DR APT B	CINCINNATI	45244-1938	(513) 289-2220	docadacca@aol.com
05	535	SANDY	VAN HOUTEN	4802 BELLVILLE NORTH RD	BELLVILLE	44813	(419) 886-4745	
06	085	CHARLOTTE	FRAZIER	1728 SCIOTO WAY	NEWARK	43055	(740) 366-3360	blfrazier13@twc.com
07	062	PEGGY	PARK	PO BOX 32	CHILLICOTHE	45601-0032	(740) 775-5751	
08	283	TAMMY	DeROSIER	5258 DEEDS RD	PATASKALA	43062	(740) 927-4614	cartha59@aol.com
09	214	MARTHA	SETLOCK	38504 COURTLAND DR	WILLOUGHBY	44094	(440) 951-2227	msetlock@sbcglobal.net
10	436	JULIE	MARTIN	12574 ISLANDVIEW AV NW	UNIONTOWN	44685	(330) 699-6268	msjulieamartin@aol.com
11	077	MARY	PADGETT	PO BOX 273	NEFFS	43940	(740) 671-9956	mlucy01@aol.com
12	144	VICKY	DALTON	1098 VIEWPOINTE DR	COLUMBUS	43207-7227	(614) 491-3551	
13	627	KIMM	BUNCH	3018 LINCOLN AVE	PARMA	44134	(216) 401-8842	Kimmieb219@sbcglobal.net
14	685	KATHLEEN	RICHARDSON	9305 FLORA DR	STREETSBORO	44241	(330) 842-7650	kats889@aol.com

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

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### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements or possible Department awards, depending on the Program you are submitting and its requirements. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_  
Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

#### PROGRAM:

### AMERICANISM

**Answer the following Questions in your narrative and fill in the boxes at the bottom**

- How did your Unit promote the Americanism essay contest? \_\_\_\_\_
- How did your Unit promote the flag program? \_\_\_\_\_
- How did your Unit promote patriotic holidays? \_\_\_\_\_
- How did your Unit encourage support of the flag amendment? \_\_\_\_\_
- Did your Unit support American Legion Americanism programs? How? \_\_\_\_\_
- How did your Unit promote Americanism in your community? \_\_\_\_\_

#### Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent or Raised	Total Number of Patriotic/Veteran Programs/Events
			\$	

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

**Report Deadline: April 15, 2017    Essay Contest: April 1, 2017    Narrative Deadline: April 15, 2017**

**MAIL TO DISTRICT AMERICANISM CHAIRMAN**



## Department of Ohio Plan of Action

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### **AUXILIARY EMERGENCY FUND**

**CHAIRMAN**

Pam Brenneman  
1467 Gage Rd.  
Toledo, Ohio 43612  
(419) 476-6832 (home)  
(419) 283-5655 (cell)  
Email – pam52@buckeye-express.com

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

**Department of Ohio Plan of Action**

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**2016 – 2017 Department Report Form**

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:**

**AUXILIARY EMERGENCY FUND**

**Program Summation:**

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent To Promote Program	Total Number of Veterans Served	Total \$\$ Given to Recipients
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT AEF CHAIRMAN**

**Pam Brenneman  
1467 Gage Rd.  
Toledo, Ohio 43612**



## Ohio Unit Plan of Action

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### Buckeye Girls State

**DIRECTOR**

Carol T. Robinson  
8483 Woodgrove Dr.  
Centerville, Ohio 45458-1853  
(937) 436-1983 (home)  
(937) 602-9365 (cell)  
Email – abernia@aol.com

**COORDINATOR**

Dean Bloxham  
PO Box 2760  
Zanesville, Ohio 43702-2760  
(740) 452-8245 (work)  
Email – ala\_dean@rrohio.com

**REPORTS:**

Mid-Year Report Due  
End of Year Report Due

December 31, 2016  
April 15, 2017

**SEND REPORTS TO :**

**Department BGS Director**  
(address above)

A Board of Directors oversees the Buckeye Girls State Program:

Director	Carol T. Robinson
Department President	Denise Conrad
Department 1st Vice President	Shirley Maurer
Director of Counselors	Gwenda Schroeder-Zulch
Director of Government	Rene' Reese
Director of Health	Deb Patrick, RN
Director of Music & Recreation	Vicky Buck
Director of Public Relations	Shelley Riggs
Department Secretary/Executive Director	Katie Tucker

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

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# 2016 – 2017 Department End of the Year Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM:

## BUCKEYE GIRLS STATE

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- What have you done within your ALA Girls State program to encourage membership?
- What methods does your Unit utilize to recruit the ALA Girls State delegates for membership? Are they effective?
- Does your Unit receive donations or sponsorship from outside of the Legion Family?
- What does your Unit do to solicit successful fund raising outside the Legion Family?
- How has your unit improved your BGS Girls State program this year? In what ways?

### **Program Summation:**

Total Number of Volunteers	Total Number of Delegates sent to BGS	Total Number of Volunteer Hours	Total \$ Spent to Promote & Fund BGS Program
			\$

**If you would like to be considered for a Department Citation attach your narrative to this report form.**

**Follow all criteria when composing your Unit Program Narratives. Criteria for narratives are as follows:**

Narrative must be type written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form

**Report Deadline: April 15, 2017 Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT BGS DIRECTOR/CHAIRMAN**

**Carol T. Robinson**

**8483 Woodgrove Drive, Centerville, Ohio 45458-1853**



## Ohio Unit Plan of Action

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### CHAPLAIN

**CHAIRMAN**

Anne Michel  
15300 South River Rd.  
Pemberville, Ohio 43450-9785  
(419) 287-4727 (home)  
(419) 308-0142 (cell)  
Email – amichel@eastwoodschoools.org

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

**CITATION OF MERIT**



**REQUIREMENT**

*Serve the Lord with gladness  
Psalm 100:2*

## Ohio Unit Plan of Action

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### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:**  
**CHAPLAIN**



*See NATIONAL POA, once National Chaplain has been elected.*

**Please fill in the boxes below. Program Summation:**

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required by the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT CHAPLAIN**

Anne Michel  
15300 S. River Rd.  
Pemberville, Ohio 43450-9785



## Ohio Unit Plan of Action



### CHILDREN & YOUTH

**CHAIRMAN**

Mary Lee Mercier  
 3674 Colonial Dr.  
 Hilliard, Ohio 43026  
 (614) 777-1596 (home)  
 (614) 579-3382 (cell)  
 Email – mlmoh6140@gmail.com

**REPORT DUE :**

**VICE CHAIRMAN**

Kristen Little  
 17324 Independence Ct.  
 Brook Park, Ohio 44142  
 (216) 265-9611 (home)  
 (440) 781-1327 (cell)  
 Email – kll721@yahoo.com

**April 15, 2017**

**SEND REPORT TO :**

**Your District Children & Youth Chairman**  
 (address shown below)

**CITATION OF MERIT**



**REQUIREMENT**

### District Children and Youth Chairmen

01	045	RIDENOUR	JANE	17070 MERCER RD	BOWLING GREEN	43402	(419) 409-0572	prezjane@yahoo.com
02	268	CYNTHIA	SCHAEFFER	1815 GREELY CHAPEL	LIMA	45804	(419) 303-5208	schaeffercnds@gmail.com
03	598	RHONDA	HUNTER	50 WEIDNER LANE	CENTERVILLE	45458	(937) 435-2732	rhts@aol.com
04	194	MARSHA	GIEHLS	118 SOUTH WEST ST	MASON	45040-3688	(513) 398-6566	aux194@embarqmail.com
05	012	SHIRLEY	MESSAROS	1129 HUNTING HOLLOW	GRAFTON	44044	(440) 458-4914	
06	254	JANET	PIPER	75 LEWIS DR	JOHNSTOWN	43031	(614) 325-5441	jal012@aol.com
07	757	GLORIA	ALBRIGHT	1778 LIBERTY HILL RD	CHILLICOTHE	45601	(740) 663-4302	galbright@horizonview.net
08	637	CAROL	KITZMILLER	12126 SIXTH AVE	MILLERSPORT	43046	(740) 467-2234	ckitz62@aol.com
09	336	ALECIA	CUTLER	2570 HALE RD	PAINESVILLE	44077	(440) 477-2198	cutlera@ccf.org
10	718	PATRICIA	CARPENTER	PO BOX 99	MARSHALLVILLE	44645-0099	(330) 855-3491	
11	064	SUZANNE	WAGNER	211 VAN BERGAN AVE	MARIETTA	45750	(740) 374-8814	suzannewagner4575@yahoo.com
12	144	JUDY	LEDDY	85 MARILLA RD	COLUMBUS	43207	(614) 444-4459	jal85@aol.com
13	196	KAYLA	YANISH	2542 LAUREL RD	HINCKLEY	44233-9548	(440) 667-4344	kryanish@yahoo.com
14	685	SAMANTHA	KANIA	833 FROST RD APT 101	STREETSBORO	44241	(330) 212-7929	amusestudio@hotmail.com

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

# Ohio Unit Plan of Action

## 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM:

## CHILDREN & YOUTH



**Answer the following Questions in your narrative and fill in the boxes at the REQUIREMENT**

- How did your Unit promote “Star Spangled Kids,” educating children and youth about the U.S. Constitution from the aspect of patriotism and Americanism? \_\_\_\_\_
- How did your Unit promote the Youth Hero/Good Deed Award? \_\_\_\_\_
- What success stories do you have regarding support for military and or homeless veterans’ children? \_\_\_\_\_

### Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Given in Direct Aid of Children ***	Total Number of Children Served	Total \$\$ Raised Benefiting All Children

\*\*\* Please include the assessment of \$0.25 per paid member

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based on the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DISTRICT CHILDREN & YOUTH CHAIRMAN**



# Ohio Unit Plan of Action



## COMMUNITY SERVICE

### CHAIRMAN

Ruth Peters  
205 N. Hayes St.  
Bellefontaine, Ohio 43311  
(937) 539-8161 (cell)

Email – rpeters3704@twc.com

**REPORT DUE :**

### VICE CHAIRMAN

Diann Long  
17402 Independence Ct.  
Brook Park, Ohio 44142  
(216) 267-4711 (home)  
(440) 781-4935 (cell)

Email – ken17402@yahoo.com

**April 15, 2017**

**SEND REPORT TO :**

**Your District Community Service Chairman**  
(address shown below)

### CITATION OF MERIT



### REQUIREMENT

## District Community Service Chairmen

01	553	SALLY	KNITTLE	1812 PILGRIM RD	TOLEDO	43607	(419) 720-9489	sallyknittle@yahoo.com
02	648	MARY	JUTTE	4059 CARTHAGENA RD	ST HENRY	45883	(419) 678-3314	jmjutte5@yahoo.com
03	668	JUDY	ROWETON	327 GALEWOOD DR	NEW CARLISLE	45344	(937) 845-8438	jkroweton@aol.com
04	484	TERRI	CROSWAIT	17 WOODSONG CT	AMELIA	45102-8703	(513) 716-0538	tcroswait@roadrunner.com
05	514	ALLISON	LEITZ	1004 S. MAIN ST	WILLARD	44890-9040	(567) 224-7912	allison44890@yahoo.com
06	085	LOLA	NIXON	44 CURTIS AVE	NEWARK	43055	(740) 345-1567	nix7lo@roadrunner.com
07	757	LINDA	LYONS	275 ANNIS CT	CHILLICOTHE	45601	(740) 773-0337	lyons@horizonview.net
08	011	SUSANNE	FREELAND	904 LANRECO BLVD	LANCASTER	43130	(740) 654-2287	freelanddistrict8@gmail.com
09	678	LAURA	FINSON	4516 EDMOND RD	SOUTH EUCLID	44121	(216) 287-1362	laurafinson@sbcglobal.net
10	499	LINDA	PORTER	4993 EMALENE RD	WOOSTER	44691	(330) 345-7393	llscrp@sssnet.com
11	495	LORETTA	MATHNEY	705 BARCLAY ST LOT 17	BELPRE	45714	(740) 423-8263	lorettamat60@gmail.com
12	430	AMY	KENDALL-PARKER	678 MARTHA LANE	COLUMBUS	43213	(614) 638-6683	akendall0707@gmail.com
13	315	BEVERLY	SHIPP	8021 CENTRAL AVE	CLEVELAND	44104	(216) 767-3852	ms.bev10@yahoo.com
14	449	KAREN	PEEL	2216 25TH ST SW	AKRON	44314	(330) 962-0738	karen.peel@svindustries.com

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM: COMMUNITY SERVICE



**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- How did members recruit community volunteers (non-members) while engaged in ALA Community Service activities and/or projects? \_\_\_\_\_
- How did members engage high school students (with or without service hour requirements to graduate) in ALA Community Service activities and/or projects? \_\_\_\_\_
- Did members volunteer for or organize service projects for any of the ALA suggested days of service? If so, which days were most successful for offering service projects? Did you have any challenges? \_\_\_\_\_
- What types of community service activities and/or projects were done in your Unit? \_\_\_\_\_

#### Program Summation:

Total Number of Volunteers	Total Number of Junior Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Program	Total Number of Veterans Served	Total \$\$ Distributed to Recipients
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

- Narrative must be typed written in narrative form.
- Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)
- Narrative may include photographs and news articles.
- Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

**Report Deadline: April 15, 2017                      Narrative Deadline: April 15, 2017**  
**MAIL TO DISTRICT COMMUNITY SERVICE CHAIRMAN**



## Department of Ohio Plan of Action

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### CONSTITUTION & BYLAWS

**CHAIRMAN**

Paula Blosser  
407 NW 39<sup>th</sup> Road Apt A  
Gainesville, Florida 32607  
(937) 238-5690 (cell)

Email – [crtrpr32@gmail.com](mailto:crtrpr32@gmail.com)

**Mid-Year Report Due: December 5, 2016**

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Department of Ohio Plan of Action

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### 2016 – 2017 Department Report Form

Please fill out the information as completely and accurately as possible. If the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

#### PROGRAM:

### CONSTITUTION & BYLAWS

**As part of your Narrative Report, please include answers to the following questions:**

- Have you done an annual review of your Unit Constitution & Bylaws? \_\_\_\_\_
- When were your Unit Constitution & Bylaws last revised? \_\_\_\_\_
- How was your Unit inspired to review their governing documents? \_\_\_\_\_
- Has your unit sponsored any Constitution & Bylaws activities? \_\_\_\_\_
- If so, what were those activities? \_\_\_\_\_
- Did your unit participate in a web based Constitution & Bylaws activity? If so, was it helpful? \_\_\_\_\_

#### Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours

**Report Deadline: April 15, 2017**

**MAIL TO DEPARTMENT C&B CHAIRMAN**

**Paula Blosser  
407 NW 39<sup>th</sup> Road Apt A  
Gainesville, Florida 32607**



## Ohio Unit Plan of Action

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### EDUCATION

**CHAIRMAN**

Debbie Monroe  
4605 Bells Lake Apt. B  
Cincinnati, Ohio 45244  
(513) 289-2220 (cell)  
Email – docadacca@aol.com

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

#### **PROGRAM: EDUCATION**

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- Did member/units participate in Teacher Appreciation Week? How? \_\_\_\_\_
- Did your unit participate in Give 10 to Education? \_\_\_\_\_
- Describe how Veterans in Community Schools programs were presented? \_\_\_\_\_
- If units actively support veterans associations on campus, describe their activities? \_\_\_\_\_
- What types of help did units give a needy student? \_\_\_\_\_
- How did your unit recognize scholarship winners? \_\_\_\_\_
- How many scholarship applications does your unit receive? \_\_\_\_\_

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Education	Total Number Scholarships Awarded	Total \$\$ Awarded for Scholarships
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based on the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT EDUCATION CHAIRMAN**





## Ohio Unit Plan of Action

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### FINANCE

**CHAIRMAN**

Donna Ray  
5724 Willnean Dr  
Milford, Ohio 45150-2032  
(513) 831-7125 (home)  
(513) 720-0525 (cell)  
Email- rrayent@aol.com

**REPORT DUE :**

**2<sup>nd</sup> Member**

Pamela Jackson  
PO Box 952  
Beverly, Ohio 45715  
(740) 984-4552 (home)

Email-  
beverlyvillage@midohio.twcbc.com  
**April 15, 2017**

**3<sup>rd</sup> Member**

Gwen Schroeder-Zulch  
PO Box 242  
Jerry City, Ohio 43437  
(419) 494-9408 (cell)

Email – gweniesue@yahoo.com

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

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### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

#### **PROGRAM:** **FINANCE**

**Answer the following Questions and fill in the boxes at the bottom**

Does your Unit File its 990 ePost Card Annually \_\_\_\_\_

If Not Why? \_\_\_\_\_

Does your Unit have an EIN # \_\_\_\_\_.

Does your Unit Treasurer Report to the Unit at Every Meeting the income received and checks written? \_\_\_\_\_

Does Your Unit assist in Legion Program Financially?(ie: Child Welfare Foundation) \_\_\_\_\_

Is Your Unit Incorporated? \_\_\_\_\_

#### **Program Summation:**

Total Members to include Juniors?	Total \$\$ Raised in Support of Unit Programs and Activities	Total \$\$ Given to Recipients from all Programs	Total Number of Veterans/Military Served For the Year
	\$	\$	

**Report Deadline: 15 April 2016**

**MAIL TO DEPARTMENT FINANCE CHAIRMAN**

**Donna Ray  
5724 Willnean Drive  
Milford, Ohio 45150-2032**



## Ohio Unit Plan of Action

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### HISTORY

#### **HISTORIAN**

Brenda Schnitker  
Post Office Box 216  
Luckey, Ohio 43443-0216  
(home)  
(cell)  
Email – [schnb@elmwoodschoools.org](mailto:schnb@elmwoodschoools.org)

#### **HISTORY VICE CHAIRMAN CAVALCADE OF MEMORIES**

Vi Grzybowski  
2715 Tamarack Dr.  
Toledo, Ohio 43614-5544  
(419) 290-3478 (cell)

Email – [vikay@accesstoledo.com](mailto:vikay@accesstoledo.com)

#### **REPORT DUE :**

**April 15, 2017**

#### **CITATION OF MERIT**



#### **REQUIREMENT**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

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### 2016 – 2017 Department Report Form

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**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

#### PROGRAM:

### HISTORIAN

#### Program Summation:

*Check your Bulk Mail for Updates with information from the National Historian.*

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent To Promote Program
			\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

#### MAIL TO DEPARTMENT HISTORIAN CHAIRMAN

**Brenda Schnitker  
PO Box 216  
Luckey, Ohio 43443-0216**



# Ohio Unit Plan of Action

**UPDATED PLAN OF ACTION!!  
PLEASE READ AND PASS ON  
TO JR. ACTIVITIES**



## JUNIOR ACTIVITIES

### **CHAIRMAN**

Allison Zornes  
1885 Kizzie Run Rd.  
Rarden, Ohio 45671-9026  
(740) 372-2176 (home)  
(740) 961-9086 (cell)  
Email – shwee199621@gmail.com

### **2<sup>nd</sup> MEMBER**

Cindy Masowick  
9320 Root Dr.  
Streetsboro, Ohio 44241-5540  
(330) 626-2830 (home)  
(330) 714-3873 (cell)  
Email –  
cjidgy55@sbcglobal.net

### **3<sup>rd</sup> MEMBER**

Karen Peel  
2216 25<sup>th</sup> St. SW  
Akron, Ohio 44314-2201  
(330) 848-1001 (home)  
(330) 962-0738 (cell)  
Email – karenpeel@svindustries.com

### **Honorary Jr. President**

Samantha Ferreira  
1074 Herberich Ave.  
Akron, Ohio 44301-1530  
(330) 322-5200 (home)

### **Honorary Jr. Vice President**

Makenah Leibert  
542 Thelma Ave  
Akron Ohio 44314-2201  
(330) 848-1001 (home)  
(330) 283-9415

### **REPORT DUE :**

**Please look INSIDE the PLAN  
OF ACTION for Specific  
Dates, there may be dates that  
differ from April 15<sup>th</sup>**

### **SEND REPORT TO :**

**Your District Junior Activities Chairman**  
(address shown below)

## District Junior Activities Chairman

<u>01</u>	262 COLLEEN PHILLIPS	C-032 CO RD 8B	HAMLER	43524-9785	(419) 274-4001	ckphillips43524@yahoo.com
<u>02</u>	096 AIMEE SHIPLEY	632 S. ELIZABETH ST	LIMA	45804	(419) 221-2837	aimeeshiple1983@gmail.com
<u>03</u>	120 ASHLEY EVANS	1078 MONTEGO DR	SPRINGFIELD	45503	(937) 206-7089	adevans83@gmail.com
<u>04</u>	450 LESLIE WILLIAMS	2451 BERGEN RD	BATAVIA	45103-9566	(513) 708-8890	lwilliams6994@yahoo.com
<u>05</u>	088 KAYLA CONWAY	1041 COOPER DR	ASHLAND	44805	(567) 203-8547	army_girlfriend1218@yahoo.com
<u>06</u>	085 MIRIAM MILLER	1104 LAWNVIEW AVE	NEWARK	43055	(740) 344-1453	None
<u>07</u>	471 BETTY TAYLOR	25 WILSON ST	PORTSMOUTH	45662-5778	(740) 250-3249	taylors6040@hotmail.com
<u>08</u>	027 BRENDA PORTER	14003 ST RT 7 SOUTH	GALLIPOLIS	45631	(740) 339-9984	None
<u>09</u>	027 LIZ MILLER	183 GILLETTE ST	PAINESVILLE	44077	(440) 354-5414	millers0806@msn.com
<u>10</u>	436 CONNIE MORTON	11022 KENT AVE NE	HARTVILLE	44637	(330) 877-1237	cjsmorton@hotmail.com
<u>11</u>	399 CONNIE BUCKMASTER	217 WEST FOURTH ST	FRAZEYSBURG	43822	(740) 828-3765	conniebuckmaster@gmail.com
<u>12</u>	171 KIM MANN	6510 TUSSIC ST	WESTERVILLE	43082-9038	(614) 899-6922	kim.mann67@yahoo.com
<u>13</u>	196 KAYLA RINALDI	2542 LAUREL RD	HINCKLEY	44233	(440) 667-4344	
<u>14</u>	566 KATHY BURKHAMMER	885 POLK AVE	AKRON	44314	(234) 738-8552	lovemyangels2@yahoo.com

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

# Ohio Unit Plan of Action

## 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Junior Membership Goal \_\_\_\_\_

Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM:

## **JUNIOR ACTIVITIES**

Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom

- How has participation in the Patch Program increased enthusiasm among the Juniors? \_\_\_\_\_
- What are the various service projects in which Juniors were involved? Has participation in the service projects increased as the year has progressed? \_\_\_\_\_
- What type of volunteer hours did Junior members perform? \_\_\_\_\_
- What ways did your senior members mentor the Junior members? \_\_\_\_\_
- How does your unit plan to increase Junior member participation in meetings and activities? \_\_\_\_\_
- Please include pictures and news articles showing Juniors involved in their activities. \_\_\_\_\_

### Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Program	Total Number of Veterans Served	Total \$\$ Given to Recipients
			\$		\$

If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DISTRICT JUNIOR ACTIVITIES CHAIRMAN**



## Department of Ohio Plan of Action

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### **LEADERSHIP**

**CHAIRMAN**

Pam Bates

2122 Willow Run Circle

Enon, Ohio 45323

(937) 974-2316 (cell)

Email – pamelabates9@gmail.com (preferred communication)

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Department of Ohio Plan of Action

### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

#### PROGRAM: LEADERSHIP

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- What unit trainings were held for members and were they well attended by returning and new participants?  
\_\_\_\_\_
- What topics or presentations were included in your trainings? \_\_\_\_\_
- Of members attending these trainings, did you require feedback concerning what they learned, how this training will improve their ability to lead, and what trainings they would like to attend in the future?  
\_\_\_\_\_
- Did you hold training on leadership or nurturing a culture of goodwill? \_\_\_\_\_
- Did your unit successfully implement the unit member/leader data survey? \_\_\_\_\_
- What were the unit responses to the data survey? (This form can be found at [www.alaforveterans.org](http://www.alaforveterans.org) under Leadership Plan of Action "How To Sheets") \_\_\_\_\_

#### Program Summation:

Total Number of Members attending a Unit Meeting	Total Number of Members attending a District Meetings	Total Number of Members Attending School of Instruction	Total Number of Members Attending Mid-Winter Conference

**If you would like to be considered for a Department or National Award, attach your narrative to this report form. Follow all criteria when composing your Unit or Member Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based on the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL or EMAIL TO DEPARTMENT LEADERSHIP CHAIRMAN**

**Pam Bates, 2122 Willow Run Circle, Enon, OH 45323 [pamelabates9@gmail.com](mailto:pamelabates9@gmail.com)**





## Ohio Unit Plan of Action

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### LEGISLATIVE

#### **CHAIRMAN**

Colleen Phillips  
C-032 Co. Rd. 8 B  
Hamler, Ohio 43524-9785  
(419) 274-4001 (home)  
(419) 439-0526 (cell)  
Email – ckphillips43524@gmail.com

**REPORT DUE : April 15, 2017**

#### **CITATION OF MERIT**



#### **REQUIREMENT**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:**

### **LEGISLATIVE**

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

#### **Program Summation:**

- How did you train members in the legislative issues promoted by The American Legion and how did your members employ those methods? \_\_\_\_\_
- What legislative activities (town hall meetings, legislative receptions) did members attend in Your communities \_\_\_\_\_
- What suggestions did members have to improve those activities? Please describe. \_\_\_\_\_
- How did members develop relationships with their elected officials? Please describe. \_\_\_\_\_
- Please describe how members were able to connect with their local and state officials and what were their successes. \_\_\_\_\_
- \_\_\_\_\_

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent Promoting Program
			\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT LEGISLATIVE CHAIRMAN**  
Colleen Phillips, C-032 Co. Rd. 8 B, Hamler, Ohio 43524-9785



## Ohio Unit Plan of Action

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### MEMBERSHIP

**CHAIRMAN**

Shirley Maurer  
06247 St. Rt. 219  
New Knoxville, Ohio 45871  
(419) 753-2486 (home)  
(419) 733-3397 (cell)  
Email – pmaurer@nktelco.net

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

**Please be sure to make a copy of your Department Report Form and Narrative submission as they will not be returned to your Unit.**

# Ohio Unit Plan of Action

## 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM:

## MEMBERSHIP

**Answer the following Questions in your narrative and fill in the boxes that apply at the bottom**

Please share how your department is using membership tools and other Auxiliary programs to engage, retain and recruit members, which tools were most effective, and which incentives were most effective.

### Program Summation:

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent to Promote Membership	Total Number of Veterans Served	Total Dollars Distributed to Recipients
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based on the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT MEMBERSHIP CHAIRMAN**  
Shirley Maurer, 06247 St. Rt. 219, New Knoxville, Ohio 45871



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## Ohio Unit Plan of Action



### NATIONAL SECURITY

#### CHAIRMAN

Ruth Brinkel

853 Heather Ct.

Vandalia, Ohio 45377

(937) 581-5349 (home)

(cell)

Email – [ruth\\_brinkel@yahoo.com](mailto:ruth_brinkel@yahoo.com)

**REPORT DUE : April 15, 2017**

#### CITATION OF MERIT



#### REQUIREMENT

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

**Department of Ohio Plan of Action**

**2016 – 2017 Department Report Form**

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:**

**NATIONAL SECURITY**

**Answer the following Questions in your narrative and fill in the boxes at the bottom**

- How were Blue Star and Gold Star Banners presented? \_\_\_\_\_
- How were MIA families recognized following notification of remains? \_\_\_\_\_
- How were service members honored during welcome-home events? \_\_\_\_\_
- How were military families connected to other units when moving? \_\_\_\_\_
- Did your Unit host a Blood Drive? \_\_\_\_\_

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Program	Total Number of Veterans/Military Served	Total \$\$ Given to Recipients
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form( Only necessary if it requires it based the Plan of Action Directions)

**Report Deadline: 15 April 2017**

**Narrative Deadline: 15 April 2017**

**MAIL TO DEPARTMENT NATIONAL SECURITY CHAIRMAN**

Ruth Brinkel, 853 Heather Ct., Vandalia, Ohio 45377



## Department of Ohio Plan of Action

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### PAST PRESIDENTS PARLEY

**CHAIRMAN**

Susan Masten  
419 Young Dr.  
Fairborn, Ohio 45324-5749  
(937) 878-8343 (home)  
(937) 409-2338 (cell)  
Email – gclef419@yahoo.com

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Department of Ohio Plan of Action

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### 2016-2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:**

### **PAST PRESIDENTS PARLEY**

**Please fill in the boxes at the bottom.**

**Program Summation:**

Total Number of Volunteers	Total Number of Past Presidents	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Program	Total Number of Women Veterans Served	Total \$\$ Given to Nurses Scholarship
			\$		

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

- Narrative must be typed written in narrative form.
- Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)
- Narrative may include photographs and news articles.
- Optional-A copy of your Unit ALA Impact Form (Only necessary if it requires it based the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT PPP CHAIRMAN**

Susan Masten  
419 Young Dr.  
Fairborn, Ohio 45324-5749





## Department of Ohio Plan of Action

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### POPPY

#### **CHAIRMAN**

Patricia Taylor  
23 Odlin Ave.  
Dayton, Ohio 45405-2818  
(937) 277-0305 (home)  
(937) 823-0943 (cell)  
Email – patricia.taylor685@att.net

**REPORT DUE : April 15, 2017**

#### **CITATION OF MERIT**



#### **REQUIREMENT**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Department of Ohio Plan of Action

# 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM: POPPY

CITATION OF MERIT



REQUIREMENT

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- How did your members promote the Poppy Program? \_\_\_\_\_
- How did your members increase poppy revenue? \_\_\_\_\_
- How did your unit promote the Poppy Poster Contest? \_\_\_\_\_
- How did your unit promote Little Miss and Miss Poppy? \_\_\_\_\_

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote the Poppy Program	Total Number of Poppies Ordered	Total \$\$ Raised for Poppy Program
			\$		\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT POPPY CHAIRMAN**

Patricia Taylor, 23 Odlin Ave., Dayton, Ohio 45405-2818



## Department of Ohio Plan of Action

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### PUBLIC RELATIONS

**CHAIRMAN**

Kathy Heichel  
513 Ross Rd.  
Bellville, Ohio 44813  
(419) 886-2765 (home)  
(567) 303-2851 (cell)  
Email – dkheichel@aol.com

**REPORT DUE : April 15, 2017**

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

# Department of Ohio Plan of Action

## 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed a report. However, if the report shows all zero’s or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Name \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

### PROGRAM:

## PUBLIC RELATIONS

**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom.**

- How has your Unit website and/or Facebook page inspired units to develop social media at the local level? \_\_\_\_\_
- Has your unit been mentioned in local media promotion of mission-related activities? What type of promotions have they received? \_\_\_\_\_
- Did your Unit do any Public Service Announcements? How were they received? \_\_\_\_\_
- How does your Unit keep an active and updated media contact list? \_\_\_\_\_
- Has there been specific social media events sponsored by either your unit broadly spread the brand of the ALA? \_\_\_\_\_
- What specific activities have you done to work toward Goal 5 of the Centennial Strategic Plan- Build Brand Loyalty? \_\_\_\_\_
- 

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent to Promote all Programs
			\$

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

Optional-A copy of your Unit ALA Impact Form (Only if required in the Plan of Action Directions)

**Report Deadline: April 15, 2017**

**Narrative Deadline: April 15, 2017**

**MAIL TO DEPARTMENT PUBLIC RELATIONS CHAIRMAN**

**Kathy Heichel, 513 Ross Rd., Bellville, Ohio 44813**



# Ohio Unit Plan of Action



## VETERANS AFFAIRS & REHABILITATION

### CHAIRMAN

Carole Ebersole  
 3934 Maidstone Dr.  
 Columbus, Ohio 43230-4512  
 (614) 428-7088 (home)  
 (614) 783-6790 (cell)  
 Email – cdebersole@gmail.com

### VICE CHAIRMAN

Louise Aigner  
 6115 Smith Rd.  
 Brook Park, Ohio 44142  
 (216) 337-4037 (cell)  
 Email –  
 laigner109@yahoo.com

### Department Hospital Director

René Reese  
 6543 Engle Rd  
 Brook Park, Ohio 44142  
 (216) 362-0609 (home)  
 (216) 409-0122 (cell)  
 Email – rqr21@sbcglobal.com

### REPORT DUE :

**April 15, 2017**

### SEND REPORT TO :

**Your District VA & R Chairman**  
 (address shown below)

### CITATION OF MERIT



### REQUIREMENT

## District VA&R Chairmen

01	132	PATRICIA	DOWNING	2012 KELSEY AVE	TOLEDO	43605	(419) 322-9635	pattylou200@yahoo.com
02	178	RUTH	SCHUTZ	671 HIGH ST	VAN WERT	45891	(419) 605-8596	rschutz68@gmail.com
03	184	ROBYN	COOPER	901 W. HIGH ST	PIQUA	45356	(937) 773-0165	thecoop1420@juno.com
04	288	DONNA	TARVIN	620 OHIO ST	GEORGETOWN	45121	(937) 515-5862	
05	257	DEB	SUTTERLIN	950 TWP RD 2506	PERRYSVILLE	44864	(330) 465-9230	debsutterlin270@gmail.com
06	085	LOIS	SINGLETON	936 WEST VILLAGE DR	NEWARK	43055-2853	(740) 344-1904	loispat@hotmail.com
07	757	PATRICIA	OLAKER	207 CEDARWOOD TERRACE	CHILLICOTHE	45601-1778	(740) 775-3389	
08	011	JODIE	KEELS	626 N. MAPLE ST	LANCASTER	43130	(740) 415-8844	flok2991@gmail.com
09	151	CHRISTINE	BETTS	463 MILL ST	CONNEAUT	44030	(440) 265-8161	tinkins49@hotmail.com
10	160	PATRICIA	DUNLEVY	13039 ELTON ST SW	NAVARRE	44662	(330) 767-3522	patd@sssnet.com
11	495	MARGARET	PERKINS	715 BARCLAY ST LOT 46	BELPRE	45714	(740) 860-3052	None
12	532	AMY	STACEY	322 CONSTANCE ST	LOCKBOURNE	43137	(614) 402-5146	amy.stacey@voago.org
13	315	JOYCE	ROBINSON	1491 E. 191ST ST #645	EUCLID	44117	(216) 563-2658	reada_book@yahoo.com
14	464	PAT	MILLER	400 MAY AVE	CUYAHOGA FALLS	44221	(330) 928-4448	plmiller54@att.net

**SEE BACK SIDE FOR REPORT FORM & NARRATIVE INFORMATION**

## Ohio Unit Plan of Action

### 2016 – 2017 Department Report Form

This form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. If a Unit only completes this form and does not do a narrative, they will still receive credit as having completed report. However, if the report shows all zero's or blank information this will not qualify as an actual report.

**Please complete the following.** Be sure to give the complete name of your Unit.

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Membership Goal \_\_\_\_\_

Full Official Unit Name: \_\_\_\_\_

Unit President/Chairman (circle one) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Member ID # \_\_\_\_\_

Specific Award Name (if applicable) \_\_\_\_\_

**PROGRAM:  
VA & R**



**Answer the following Questions or include answers in your narrative and fill in the boxes at the bottom**

- How did the units participate in the caregiver support program? \_\_\_\_\_
- Describe how members earned their Service to Veterans hours. \_\_\_\_\_
- Did your unit assist at a Stand Down? What went well; what would they do differently? \_\_\_\_\_

**Program Summation:**

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total \$\$ Spent to Promote Program *	Total Number of Veterans Served	Total \$\$ Given to Recipients	Total Value of In Kind Donations
			\$		\$	\$

\*Please include the assessment of \$0.75 per paid member.

**If you would like to be considered for a Department or National Award attach your narrative to this report form. Follow all criteria when composing your Unit Program Narratives. Criteria for ALL narratives are as follows:**

- Narrative must be typed written in narrative form.
- Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)
- Narrative may include photographs and news articles.
- A copy of your Unit ALA Impact Form (Only necessary if it is required based the Plan of Action Directions)

**Report Deadline: April 15, 2017                      Narrative Deadline: April 15, 2017**  
**MAIL TO DISTRICT VA & R CHAIRMAN**