



2019-2020 Department (District) Report Form

DISTRICT

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The award certificates will be completed using the information given on this sheet, so please write carefully.

District Program AMERICANISM

Send to Department Chairman by May 1st, 2020. Please complete the following.

District # _____

District Chairman Name _____

Phone Number: (_____) _____

Email Address: _____

PROGRAM SUMMATION:

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

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

District Winner Information to be filled out on reverse side.

Group 1

1st Place Unit Name _____ Unit # _____
Chairman Name _____
2nd Place Unit Name _____ Unit# _____
Chairman Name _____
3rd Place Unit Name _____ Unit # _____
Chairman Name _____

Group 2

1st Place Unit Name _____ Unit # _____
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Chairman Name _____

Group 5

1st Place Unit Name _____ Unit # _____
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2nd Place Unit Name _____ Unit# _____
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Chairman Name _____

Group 6

1st Place Unit Name _____ Unit # _____
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District Program Children and Youth

Send to Department Chairman by May 1st, 2020. Please complete the following.

District # _____

District Chairman Name _____

Phone Number: (_____) _____

Email Address: _____

PROGRAM SUMMATION:

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

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District Program Community Service

Send to Department Chairman by May 1st, 2020. Please complete the following.

District # _____

District Chairman Name _____

Phone Number: (_____) _____

Email Address: _____

PROGRAM SUMMATION:

- 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?

Total Number of Volunteers	Total Number of Jr. Volunteers	Total Number of Volunteer Hours	Total Dollars Spent to Promote Program	Total Number of Veterans Served	Total Dollars Distributed to Recipients
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District Program Junior Activities

Send to Department Chairman by May 1st, 2020. Please complete the following.

District # _____

District Chairman Name _____

Phone Number: (_____) _____

Email Address: _____

PROGRAM SUMMATION:

- 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 District plan to increase Junior member participation in meetings and activities?

- Please include pictures and news articles showing Juniors involved in their activities.

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District Program Veterans Affairs and Rehabilitation

Send to Department Chairman by May 1st, 2020. Please complete the following.

District # _____

District Chairman Name _____

Phone Number: (_____) _____

Email Address: _____

PROGRAM SUMMATION:

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

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