COMMUNITY SERVICE

CHAIRMAN
Becky Dippman
3186 S. River Rd.
Pemberville, OH 43450-9676
(419) 287-3257 (home)
(419) 409-6032 (cell)
Email – dippman@amplex.net

VICE CHAIRMAN
Roseanne Paquette
5359 Cresthaven #6
Toledo, OH 43614
(419) 509-1500 (cell)
Email – roseanne@adray-grna.com

REPORT DUE TO DISTRICT CHAIRMAN BY :	April 15, 2022 to DISTRICT CHAIRMAN

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN
BY MAY 1, 2022
Your <u>District</u> Community Service Chairman**
(address shown below)

District Community Service Chairmen

01	541	HEATHER	LEWIS	19974 RD I 18	CLOVERDALE	OH	45827	(419) 890-5098	cntrynurselpn@gmail.com
02	470	JOYCE	MUHLENKAMP	4550 KUHN RD	CELINA	OH	45822-9252	(419) 852-2082	muhlenkampjoy@gmail.com
03	776	JUANITA	BALLARD	2333 DUNCAN DR APT 7	FAIRBORN	OH	45324-5749	(937) 426-2523 (937) 260-3685	thirddistpres18@gmail.com
04	199	SUE	WHITHAM	106 FLINTSTONE DR	HARRISON	OH	45030	(513) 535-0879	sue_sellers2002@yahoo.com
05	292	NANCY	LONGBRAKE	169 NEW LONDON AVE	NEW LONDON	OH	44851	(567) 215-7386	nllongbrake@neo.rr.com
06	097	BARB	ARNDT	1996 CO RD 170	MARENGO	OH	43334	(419) 560-5897	barndt501@twc.com
07	633	STACY	BURCHETT	227 FORREST AVE	SEAMAN	OH	45679-9751	(937) 798-3179	jstacy858@gmail.com
08	011	APRIL	ICE	1989 TWP RD 184 SW	JUNCTION CITY	OH	43748	(740) 987-6216 (740) 605-4333	icewomanishere@hotmail.com
09	007	RENEE	SILVAROLI	29511 RIDGE RD	WICKLIFFE	OH	44092	(440) 944-4782 (440) 781-5744	rchosen@sbcglobal.net
10	551	DONNA	LEMON-WEAVER	8287 TWP RD 561	HOLMESVILLE	OH	44633	(330) 390-0041	tcwdkl@gmail.com
11	768	LISA	SNODGRASS	PO BOX 115	BEALLSVILLE	OH	43716	(740) 359-6291	ljs549@me.com
12	430	BETH	MCKEE	548 ROBINWOOD AVE	WHITEHALL	OH	43213	(614) 231-5772	stx930@icloud.com
13	610	KRISTEN	MCLAUGHLIN	17324 INDEPENDENCE CT	BROOK PARK	OH	44142	(440) 781-1327	kll721@yahoo.com
14	464	SANDY	BOROVICKA	6680 RICHARD RD	HUDSON	OH	44236	(216) 906-0635	srborovicka@yahoo.com

CITATION OF MERIT
Department of OHIO
REQUIREMENT

Ohio Unit Plan of Action

4. Our Service Representing the ALA in Our Community

	For any service not included in Sections 1-3	Obtain Total From	Member	Unit	Total
Line 19	Total number of hours	*Member Form Line 14*		N/A	
Line 20	Total dollars spent	*Member Form Line 15*	$	$	$

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. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

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

District_____	Unit #_____	Unit Membership Goal_____	Unit Membership Total As of Report _____
Name of Person Completing Report:			Unit Chair. |_____|_____| Unit Pres. |_____|
Phone #	Email		Membership ID (if available)
Specific Award Name(if applicable)			

NARRATIVE INFORMATION
Answer the following Questions or include answers in your narrative

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, news articles, flyers, Facebook posts, and Unit newsletters.

- What is the total number of volunteers your Unit had for the year? (This cannot exceed the number of paid Senior Members.) _____

- What is the total number of Junior Volunteers your Unit had for the year? _____

- What is the total amount of DOLLARS RAISED your Unit had for the year? _____

- How did your Unit recruit community volunteers (non-members) to assist with ALA Community Service activities, events and/or projects? _____
  _____
  _____
  _____

- How did your Unit engage Junior Members and/or High School Students (with or without service hour requirements to graduate) in ALA Community Service activities, events 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 the most successful? What were any challenges you had? _____
  _____
  _____

- What types of Community Service activities, events, or projects were done in Unit? _____
  _____
  _____

Ohio Unit Plan of Action

American Legion Auxiliary
National Community Service Report and Award Cover Sheet

Please note, your report will also be viewed as an award entry if this cover sheet is attached. Complete the following if you are applying for a member award.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member's Full Name: _____ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (_____)_____

Nominator's Email address: _____

National committee sponsoring award: _____

Name of the award you are applying for: _____

****

For a unit award or to submit a year-end unit narrative report, please complete this section. Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (circle one) name: _____

Above listed person's ALA member ID#: _____ Phone number: (_____)_____

Email address: _____

****

For a department award or to submit a year-end department narrative report, please complete this section:

Name of department: _____

Name of department chairman: _____

Chairman's phone number: (_____)_____ ALA member ID#: _____

Chairman's email address: _____

Please see instructions on previous page about where to send this form.

COMMUNITY SERVICE

Key Program Statements

- Making our communities better places in which to live is something Auxiliary members strive for each day across this country.
- A major outreach program of the Auxiliary since 1926, Community Service also demonstrates our longstanding commitment to supporting the work of American Legion posts and other organizations in providing assistance with blood drives, first aid and CPR training, child safety programs, support for women in shelters, and disaster and emergency preparedness programs.

1. **Objective Goal:** Represent the Auxiliary in your local area by volunteering in your community
   a. **Action Step:** Be visible in your community, either as a single member, or as a Unit. Whenever possible, wear ALA clothing with the Auxiliary emblem, or an emblem pin.
   b. **Action Step:** Join a local board, task force, or committee. Provide information on Community Service activities and events to your members and encourage them to get involved. Implement and promote the tips, ideas, and strategies in the *ALA Service Not Self Volunteer Toolbox* to offer more well-rounded service projects.
   c. **Action Step:** Volunteer at local libraries, food pantries, churches, domestic violence shelters, senior citizen centers, assisted living centers, nursing homes, and for service projects and causes (walks, special events, etc.). Partner with local Meals on Wheels to deliver meals on days they are closed (i.e., Christmas and Thanksgiving).

2. **Objective Goal:** Volunteer at and help organize service projects on ALA suggested days of service.
   a. **Action Step**: Check the suggested days of service and plan an activity for one or more of these days.
   b. **Action Step:** Volunteer at an existing event in your Community. This is the 20th Anniversary of the 911 attack on our country. Volunteer or plan something to honor those who died. Be sure to volunteer and support other Veteran's Service Organizations (VSOs).
   c. **Action Step:** Participate in Days of Service.
      ➢ 9/11 National Day of Service and Remembrance Day (Sept. 11, 2021)
      ➢ 9/11 National Day of Service and Remembrance website: www.911day.org
      ➢ POW/MIA Recognition Day (Sept. 17, 2021)
      ➢ Make a Difference Day (Oct. 23, 2021)
      ➢ Veterans Day (Nov. 11, 2021)
      ➢ National Family Volunteer Day (Nov. 20, 2021)
      ➢ Martin Luther King, Jr. Day of Service Day (Jan. 17, 2022)
      ➢ Martin Luther King, Jr. Day of Service website: www.mlkday.gov
      ➢ National Volunteer Week (April 17-23, 2022)

3. **Objective Goal:** Work together with your Post on Service Projects and Events.
   a. **Action Step:** Sponsor and/or participate in appreciation activities/events for local First Responders and Healthcare Workers. Take lunch to the Police/Fire stations and hospital or doctor's offices. Invite them to a dinner at your Post.

4. **Objective Goal: Mental Health Initiative – NEW THIS YEAR.** With all the violent events occurring in our world today, it is more important than ever to make mental health a priority.
    a. **Action Step:** Contact local mental health services in your community such as NAMI (National Alliance on Mental Illness), Ohio MHAS (Ohio Department of Mental Health and Addiction Services, Harbor Behavioral Health). Ask them what you can do to enhance and promote the services they provide. Find out how you can help them reach out to more individuals who need help. Check these resources for age specifications that include school-age through teen children.
    b. **Action Step:** Reach out to someone you know with mental health issues. See if you can arrange help for them from the Mental Health Agencies in your community.

5. **Objective Goal:** Advertise/Promote your service projects and events.
    a. **Action Step:** Post information on social media, websites, and community forums. Make flyers and post them in your local businesses. Include information in your Post and Unit Newsletter.
    b. **Action Step:** Attend and represent the Auxiliary at special celebration events in the community such as community and holiday parades, grand openings of community facilities and leader recognition ceremonies.

6. **Objective Goal:** Promote awareness of and contribute to the Ohio Disaster Emergency Assistance Program.
    a. **Action Step:** Hold a fundraiser to support the Ohio Disaster Emergency Assistance Fund
    b. **Action Step:** Make information about the program available to your members. The application is now on the website under the Department Community Service tab.
    c. **Action Step:** Members can apply for both this grant and the AEF grant. Units are also eligible to receive this assistance.

COMMUNITY SERVICE RESOURCES
- Community Service National Facebook page: https://www.facebook.com/groups/ALACommunityService
- ALA National website: https://member.legion-aux.org/member/committees/community-service
- American Red Cross: www.redcross.org
- United Way: www.unitedway.org
- National Alliance on Mental Illness: www.namiohio.org

THERE ARE NO MID-YEAR REPORTS

Year-End Reports
Annual reports reflect the program work of the units in the department and may result in a national award for participants if award requirements are met. **Each Unit Community Service Chairman is required to submit a narrative report by** <u>April 15, 2022,</u> **to the District Community Service Chairman.**(addresses on front of POA)

NATIONAL AWARD INFORMATION & DEADLINE
Most Outstanding Unit Community Service Program – one per division. The Anna Mae Beckley Plaque winner will be sent on to National to compete for this National Award.

Ohio Unit Plan of Action

Unit Member Community Service Appreciation Award – one per division. Each Unit may submit one Unit member to Department for this award.

DEPARTMENT AWARD INFORMATION & DEADLINE

- NOTE: The Annual Report Forms must be sent to your **District** Community Service Chairmen. Reports are due by **April 15, 2022**. You are highly encouraged to send photos of your Unit conducting Community Service events and promoting the program. We hope to highlight your Units and its members during the Department Convention. Please send along with your narratives, photos and clippings showing Community Service.
- The **District Chairmen** Annual Reports are due to Department Community Service Chairman Rebecca Dippman, 3186 S. River Rd., Pemberville, OH 43450-9676 and due by **May 1, 2022**.

MEMBERSHIP CATEGORIES – Based on **GOAL**, not actual members paid.

Group 1	10-50 members	Group 2	51-100 members
Group 3	101-200 members	Group 4	201-400 members
Group 5	401-600 members	Group 6	601 & up

Anna Mae Beckley Plaque - A plaque will be presented to the Unit for the best all-around Community Service Program based on the annual report/narrative. Entry must be in narrative form not to exceed 1,000 words and sent to your **District Community Service Chairman by April 15, 2022**. *District Chairman will select one winner in each Membership Category based on goal and forward **all** narratives to the Department Chairman.*

Mary Parker Plaque- A plaque will be presented to the Unit with the most outstanding single Community Service **ACTIVITY** during the year. Entry must be in narrative form not to exceed 1,000 words. Send to Department Community Service Vice Chairman, Roseanne Paquette, 5359 Cresthaven #6, Toledo, OH 43614, by the **April 15, 2022,** deadline.

Spirit of Community Plaque-- A plaque will be presented to the Unit with the best narrative on a Community Service **PROJECT** involving the Unit and other organizations. Entry must be in narrative form not to exceed 1,000 words. Send to Department Community Service Vice Chairman, Roseanne Paquette, 5359 Cresthaven #6, Toledo, OH 43614, by the **April 15, 2022,** deadline.

Unit Member Community Service Appreciation Award – Each Unit may submit one name to the Department Chairman. Submission must be in narrative form that shows the member doing outstanding work in the community. The candidate must be a volunteer who spearheads a community project, taking care of a non-veteran community member outside of their family, visiting the homebound residents or just spending time with a community member at risk. This person works for the good of the community, regardless of who needs help, and they always represent the American Legion Auxiliary. They possess great organizational skills are compassionate, kind, and humble. Unit winner will receive a Certificate Award.

Award Criteria:
- Narrative and must be 500 words or less
- Include Unit member's picture (doing a task in the community- optional)
- Include Unit winner's name and contact information
- Due to Department Community Service Chairman, Rebecca Dippman, by **April 15, 2022**.

Please don't forget to include photos in your award/narrative submissions. We hope to recognize your Unit at Department Convention this year and need photos of your Community Service Projects and Events.

DISASTER EMERGENCY ASSISTANCE PROGRAM

Instructions and Application

The Ohio Disaster Emergency Assistance Program offers help to members and Units directly involved in a disaster. Individual members as well as Units may apply for financial assistance.

DISASTER EMERGENCY ASSISTANCE PROGRAM

INSTRUCTIONS

REQUIRED APPLICATION INFORMATION: In order to obtain a grant from the Ohio Disaster Emergency Assistance Program, the applicant must have sufficient, documented information to justify the need. Therefore, the application must be filled in completely and accurately. **Application for grants must be made within 30 days of the date the emergency occurred.** If needed, additional supporting data (photos, estimates, etc.) should be attached. Please type or print clearly.

<u>Application Information</u>

1. **Date** - Date of application.

2. **Name** - The applicant's name.

3. **Title** - For Unit requests ONLY.

4. **Membership Number** - The applicant's membership number.

5. **Unit Number** - Unit Number where the applicant is a member.

6. **Address** - Applicant's full mailing address where approved funds are to be sent.

7. **Telephone** - The applicant's telephone number or a number where the applicant can be reached if her telephone is not working.

8. **Signature** - The signature of the member who completed the application and will receive the approved funds.

9. **Date of Loss** - Date loss or need occurred.

10. **Type of Disaster** - Type of disaster which caused loss or need.

11. **Description of Loss/Need** - Describe the personal or Unit property that will be cleaned, repaired, or replaced. You must also provide supporting documentation such as photographs, statements, and estimates regarding your loss or repair.

12. **Unit Certification** - Signature of Investigating Member or Unit Officer attesting to the validity of this claim. Please attach investigation report.

13. **Repair/Replacement Estimate** - The amount needed to clean, repair, or replace the item(s) for which you are requesting financial assistance.

14. **Amount Available From Other Sources** - Assistance you have or will receive from the Red Cross, American Legion Post or Auxiliary Unit, and/or other community groups.

15. **Income/Dependents** - Your combined monthly income and the number of people residing in the household.

SPECIAL NOTE: Send completed application to Department Headquarters at the address shown below. If additional information is required, the Department Secretary will either call or return the application to the sender describing the additional information needed.

Send completed application to: **AMERICAN LEGION AUXILIARY**
DEPARTMENT OF OHIO
PO BOX 2760
ZANESVILLE OH 43702-2760

For additional information call: **(740) 452-8245**

Ohio Unit Plan of Action

DISASTER EMERGENCY ASSISTANCE PROGRAM

APPLICATION

Please Type or Print Clearly

Type of request : ☐ Unit Request (Must be completed by the authorized Unit Officer)
(check one) ☐ Individual Member Request

1. Date _____
(Date of Application)

2. Name _____ 3. Title _____
(First)　　　(MI)　　　(Last)　　　　　　　　　　(For Unit requests ONLY)

4. Membership Number _____ 5. Unit Number _____
(Full 9-digit number)

6. Address _____
(Street, Route, Apartment, PO Box, etc.)　　　　　(City)　　　　　(State)　(Zip Code)

7. Telephone (_____)_____ 8. Signature _____
(Area Code)　　　　　　　　　　　　　　　(Applicant's signature)

9. Date of Loss _____ 10. Type of Disaster _____
(Date loss or need occurred)　　　　　　　　　(Flood, fire, tornado, etc.)

10. Description of Loss/Need (Use back for more room) _____

_____

_____

_____

_____ (Attach all supporting documentation, i.e. photographs, estimates, etc.)

11. Unit Certification _____ (Please attach investigation report.)
(Signature of Investigating Member or Unit Officer)

12. Repair/Replacement Estimate $ _____

13. Amount Available From Other Sources $ _____
(From donations, Red Cross, community groups, etc.)

14. Income/Dependents—Monthly Income $ _____ Number of Dependents _____
(Living in household)

FOR OFFICE USE ONLY

☐ Approve
☐ Disapprove

Recommended amount $ _____ Date of award _____

Signature _____ Signature _____
(Department Secretary)　　　　　　　　　(Department President—if required)