



**AMERICAN LEGION AUXILIARY**

**Department of California**

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**Application for Leadership Instructor**

Print or Type

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Unit Name \_\_\_\_\_

Unit Number \_\_\_\_\_ District Number \_\_\_\_\_

I attended a workshop on \_\_\_\_\_ held in \_\_\_\_\_  
Date Location

Name of Certified Instructor \_\_\_\_\_

I have been a member of the American Legion Auxiliary for \_\_\_\_\_ years, and I have held the following offices and chairmanships in my Unit in the past three (3) years:

1.	4.
2.	5.
3.	6.

Do you regularly attend all Unit meetings? \_\_\_\_\_

Are you an active participant in your Unit meetings? \_\_\_\_\_

Do you feel you can plan and organize an entire workshop without assistance, if necessary? \_\_\_\_\_

What work experience would you use to plan the meeting? \_\_\_\_\_

Does speaking before large groups make you nervous? \_\_\_\_\_

Can you be heard in a large room without a microphone? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

**CERTIFIED INSTRUCTOR'S ENDORSEMENT**

This applicant is recommended – not recommended (Circle choice)

**CERTIFIED INSTRUCTOR**

\_\_\_\_\_  
Signature Required Date

Make Comments on Back - PLEASE INCLUDE ONE DOLLAR (\$1.00) FEE FOR CARD & FORWARD THIS FORM TO THE DEPARTMENT LEADERSHIP CHAIRMAN