



American Legion Auxiliary

Department of Michigan

Department 1st Vice President
Mary Dubay
922 Huntington
Mt. Clemens, MI 48043

Phone: 586-707-9810

E-mail: rdubay1@aol.com

December 02, 2019

TO: DEPARTMENT OFFICERS
DEPARTMENT CHAIRMAN
DEPARTMENT COMMITTEE MEMBERS
DISTRICT PRESIDENTS
PAST DEPARTMENT PRESIDENTS
VAVS REPRESENTATIVES AND DEPUTIES

RE: **DEPARTMENT COMMITTEE APPOINTMENT WORKSHEETS**

The first duty of the new Department President is the preparation of the program for the year and appointing committee chairmen and members to carry out the work of the Department.

The attached sheets are to be used for recommending members of your District you feel are qualified to accept a position on a Department Committee. A worksheet for committee appointments and worksheets for special positions are enclosed. Make copies if necessary. Please fill these out carefully, being sure that the people you are recommending have been contacted and have the interest *and* ability to do a good job in the position you are recommending them for. **PLEASE RETURN THE SHEETS TO THE INCOMING PRESIDENT BY JANUARY 17, 2020.** You may recommend more than three members. Just make copies of the form or use a blank sheet of paper and include all the information that is requested on the printed form.

TO THE 2019-2020 DISTRICT PRESIDENTS:

Be sure to use one worksheet for your personal use. Because of your experience as a District President this year, I might like to use your services in some capacity in the year ahead. Please use one of the worksheets to let me know your interest and capabilities.

As you know, there are a limited number of appointments. All names that are submitted will be given careful consideration.

Thank you for your cooperation and assistance,

Mary Dubay
Department First Vice President



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RETURN TO: Mary Dubay
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RETURN NO LATER THAN: JANUARY 17, 2020

I would like to recommend the following member to be appointed to a **Department Committee**. I believe this member is well qualified for this position and would be an asset in the development of our Auxiliary programs.

Signed _____ District Number _____

Title _____

Member recommended _____

Address _____

(Street)

(City)

(Zip)

E-mail Address _____ Phone (Include area code) _____

District Number: _____ Unit Number: _____ Unit Name: _____

Appointment Requested:

Committee _____ Chairman _____ Member _____

2nd Choice _____ Chairman _____ Member _____

3rd Choice _____ Chairman _____ Member _____

Auxiliary Activities (Please use the back of the sheet if needed.) _____

Employer: _____ Type of Work: _____

Former Occupation(s): _____

List talents and abilities (i.e. computers, bookkeeping, word processing, etc.) _____



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RECOMMENDATION APPOINTMENT WORKSHEET FOR VAVS REPRESENTATIVE AND DEPUTY

RETURN TO: Mary Dubay
922 Huntington
Mt. Clemens, MI 48043

RETURN NO LATER THAN: JANUARY 17, 2020

Please make recommendations for the Representative and Deputy at the VA Medical Center or State Veterans Home in your area. Each should be a regular volunteer worker with some experience with the facility this member will be serving.

The following recommendations are being made for the Representative and Deputy at the:

***Facility:** _____

Signed _____ District Number _____

Title _____

Member recommended for Representative: _____

Address: _____

(Street)

(City)

(Zip)

E-mail Address _____ Phone (Include Area Code): _____

District Number _____ Unit Number _____ Unit Name _____

Member recommended for Deputy: _____

Address: _____

(Street)

(City)

(Zip)

E-mail Address _____ Phone (Include Area Code): _____

District Number _____ Unit Number _____ Unit Name _____

***The category includes the VA Medical Centers at Ann Arbor, Battle Creek, Detroit, Iron Mountain, and Saginaw as well as the State Veterans Homes at Grand Rapids and Marquette.**



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RECOMMENDATION APPOINTMENT WORKSHEET FOR NON-VA CHAIRMAN AND DEPUTY

RETURN TO: Mary Dubay

922 Huntington

Mt. Clemens, MI 48043

RETURN NO LATER THAN: JANUARY 17, 2020

Please make recommendations for the Chairman and Deputy at the Non -VA Hospital or Nursing Home in your area. Each should be a regular volunteer worker with some experience with the facility this member will be serving.

The following recommendations are being made for the Chairman and Deputy at the:

***Facility:** _____

Signed _____ District Number _____

Title _____

Member recommended for Non-VA Chairman: _____

Address: _____

(Street)

(City)

(Zip)

E-mail Address: _____ Phone (Include Area Code): _____

District Number _____ Unit Number _____ Unit Name _____

Member recommended for Non-VA Deputy: _____

Address: _____

(Street)

(City)

(Zip)

E-mail Address: _____ Phone (Include Area Code): _____

District Number _____ Unit Number _____ Unit Name _____

***The category includes the Hamilton Nursing Home in Detroit.**



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RECOMMENDATION APPOINTMENT WORKSHEET FOR SPECIAL PERSONNEL COMMITTEE

RETURN TO: Mary Dubay
922 Huntington
Mt. Clemens, MI 48043

RETURN NO LATER THAN: JANUARY 17, 2020

The Department President will need to appoint two (2) Auxiliary members to serve for one (1) year on the Personnel Committee. Since this is a "Special" Committee assignment, anyone from a Unit member to a Past Department President may be recommended. The Department President and the two Department Vice Presidents will be members of the "Personnel Committee". For the two (2) Auxiliary members who will serve for one (1) year we are looking for someone who meets the following criteria:

1. *Has some experience in or knowledge of hiring personnel.* This could be familiarity with hiring procedures, current discrimination laws, etc.
2. *Availability to serve when needed.*

The following recommendations are being made for appointment to the Personnel Committee by:

Signed _____ District Number _____
Title _____

Member recommended _____

Address _____
(Street) (City) (Zip)

E-mail Address _____ Phone (Include Area Code) _____

District Number _____ Unit Number _____ Unit Name _____

Knowledge of hiring procedures: _____

Duplicate this form if you want to recommend more than one member.