



# American Legion Auxiliary

## Department of Michigan

Department 1<sup>st</sup> 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, 2021.** 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 2020-2021 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**

922 Huntington

Mt. Clemens, MI 48043

**RETURN NO LATER THAN: JANUARY 17, 2021**

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 \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Chairman \_\_\_\_\_ Member \_\_\_\_\_

3<sup>rd</sup> 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**      **RETURN NO LATER THAN: JANUARY 17, 2021**  
922 Huntington  
Mt. Clemens, MI 48043

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, 2021**

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, 2021**

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.**