

Sons of The American Legion Detachment of Wisconsin
Appointment Recommendation Form

Name _____ Date _____

Address _____ City _____ Zip _____

Phone number _____ E-mail Address _____

Squadron Number _____ Squadron City _____ Continual Years _____

I am interested in being considered for appointment by the Detachment Commander to serve the Detachment on a Commission, Committee, as a District Chairman or other vacancy.

I would like to be appointed as: _____

My strengths: _____

My objectives: _____

Squadron Offices, Committees/Commissions Held: _____

County Offices, Committees/Commissions Held: _____

District Offices, Committees/Commissions Held: _____

Detachment Offices Held: _____

Detachment Committees/Commissions Held: _____

National Offices and Committees/Commissions Held: _____

Training completed:
American Legion Extension Institute: _____ National Management Institute: _____
Children's Action Team Certification: _____, _____

Additional Involvement and Comments _____

Signed by Member _____ Squadron Commander or Post Commander

Return this form to Sons of The American Legion PO Box 388 Portage, WI 53901
This form will be kept on file for future vacancies.