

Sons of The American Legion Detachment of Wisconsin Appointment Recommendation Form

Name _____

Address _____ City _____

Phone number _____ E-mail Address _____

Squadron Number _____ Squadron City _____ Continual Years _____

I am interested in being appointed by the Detachment Commander to serve the Detachment on a Commission, Committee, as a District Chairman or other vacancy. This form will be kept on file for future vacancies.

I would like to be appointed as: _____

My strengths are: _____

My objectives: _____

Squadron Offices Held _____

Squadron Committees/Commissions Held _____

County Offices, Committees/Commissions Held _____

District Offices Held _____

District Committees/Commissions Held _____

Detachment Offices Held _____

Detachment Committees/Commissions Held _____

National Offices and Committees/Commissions Held _____

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

Additional Involvement and Comments _____

Signed by Member

Squadron Commander or Post Commander