



American Legion Auxiliary

Department of Minnesota

State Veterans Service Building
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DEPARTMENT APPOINTMENT ACCEPTANCE FORM

American Legion Auxiliary Mission Statement

In the spirit of service, not self, the mission of the American Legions Auxiliary is to support The American Legion and honor the sacrifice of those who serve by enhancing the lives of our veterans, military and their families, both at home and abroad. For God and Country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

In accepting the Department appointment to serve the American Legion Auxiliary, I agree to:

Serve Honorably and Dutifully

Complete the term of the committee appointment

Serve actively as a steward for the Department and National organization and fulfill my obligations as requested by the Department President

If a member of the Department committee, fulfill my obligations as requested by the Department Chairman

Attend meetings and events and complete Department and National assignments.

Avoid conflict by serving the organization as a whole rather than any special interest group or constituency.

Avoid the appearance of conflict of interest that might embarrass the organization and disclose any support the mission, purposes, goals, policies and programs of the American Legion Auxiliary.

Serve as an example of civility with the highest integrity to foster a more welcoming culture.

Communicate Appropriately and Timely

Prepare concise informative bulletins, reports and other communication in a timely manner.

Communicate positively and provide timely feedback to fellow committee members and Unit representatives.

Support the Financial Health of the Department Organization

Assist the ALA by raising support through my personal influence with others.

Actively participate in fundraising and special program events as assigned.

___ Yes, I accept the Department Appointment(s) and agree to these expectations.

___ Yes, I pledge to fulfill my responsibilities and support membership and fundraising.

Name _____

Appointment _____

Signature _____ Date _____