The American Legion
and
South Carolina
Working together since 1919

2019-2020
The
American Legion
Department of South Carolina

Post Adjutant’s
Administrative Manual
INDEX

Target Dates 3
Renewal Schedule 4
Post Information Form 5

JULY 6
Americanism & Youth Programs 7
Junior Shooting Sports 7
Baseball program 7
Eagle Scout of the Year 7
Boys State 8
Law Enforcement Cadet Academy 8
Community Service Program 8

AUGUST 9
Post History Contest 10

SEPTEMBER 11
Early Bird Certification Form 12

OCTOBER 13

NOVEMBER 14
No Forms Due

DECEMBER 15
Veterans Day Award 16

JANUARY 17
No FORMS DUE

FEBRUARY 18
E. Roy Stone, Jr. Legionnaire of the Year Award 19
Teacher of the Year Award 21
Outstanding Fireman Award 24
The American Legion Award for Bravery 26
Outstanding Law Enforcement Award 28
Outstanding Traffic Safety Award 30
Outstanding Boy Scout Award 32

MARCH 34

Eagle Scout 35
Silver Star Certification 36
Nathan M. Wolfe Law Enforcement Cadet Academy Information 37
Boys State Information 45
Boys State Pledge Form 47
Julius H. Walker Dept. Cmdr Post Achievement Award 48
Frederick Carlos Jones Post Adjutant Achievement Award 49
W.M. McLaughlin Post Commander Achievement Award 50
Post Historian Award 51

APRIL 54
No Forms Due

MAY 55
Top New Member Recruiter Award 56
Silver Brigade New Member Recruiter Award 57
Gold Brigade New Member Recruiter Award 58

JUNE 59
Community Service Report Info 60
Community Service Report Form 61
Consolidated Post Report info 63
Post Narrative Report 64

GENERAL/MISCELLANEOUS INFORMATION 66
Meetings & Convention 67
Dept Commander’s Visitation 68
Request for use of The American Legion Name or Emblem on Merchandise 69
Suggested Guideline for Post Constitution and Bylaws 70
2019 - 2020
MEMBERSHIP TARGET DATES

Send to Department Headquarters by the following dates so it can be processed in time for the National Target Date

_______________________________________________________________

EARLY BIRD/NEF KICKOFF * SEPTEMBER 6, 2019 50%
FALL MEETINGS * OCTOBER 4, 2019 55%
VETERANS DAY NOVEMBER 8, 2019 65%
PEARL HARBOR DAY * DECEMBER 6, 2019 75%
MID-WINTER JANUARY 10, 2020 80%
 PRESIDENT’S DAY * FEBRUARY 7, 2020 85%
LEGION BIRTHDAY MARCH 6, 2020 90%
CHILDREN & YOUTH * APRIL 3, 2020 95%
ARMED FORCES DAY MAY 8, 2020 100%
DELEGATE STRENGTH 30 DAYS PRIOR TO NATIONAL CONVENTION

* This date is also a renewal notice cutoff date. If we don’t receive the dues by this date the member will automatically receive another dues renewal notice.
# AMERICAN LEGION MEMBERSHIP
## 2020 RENEWAL SCHEDULE

<table>
<thead>
<tr>
<th>CUTOFF DATES</th>
<th>RENEWAL DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 3, 2019</td>
<td>JULY 1, 2019</td>
</tr>
<tr>
<td>*SEPTEMBER 6, 2019</td>
<td>OCTOBER 7, 2019</td>
</tr>
<tr>
<td>OCTOBER 4, 2019</td>
<td>NOVEMBER 15, 2019</td>
</tr>
<tr>
<td>*DECEMBER 6, 2019</td>
<td>JANUARY 3, 2020</td>
</tr>
<tr>
<td>*FEBRUARY 7, 2020</td>
<td>FEBRUARY 26, 2020</td>
</tr>
<tr>
<td>*APRIL 3, 2020</td>
<td>APRIL 24, 2020</td>
</tr>
</tbody>
</table>

* This cutoff date is also a membership target date. Transmittals received after this date will not prevent a subsequent notice from being delivered at or around the renewal date.
JULY

1st Renewal Notice sent
AMERICANISM PROGRAMS

JUNIOR SHOOTING SPORTS

The American Legion Junior Shooting Sports Program is a three-part program that combines the Basic Marksmanship Course, Qualification Awards, and Air Rifle Competition. Thousands of male and female junior shooters have participated nationally with a perfect safety record of no reported gun-related injuries. Affiliation with local JROTC units by sponsoring the program for their cadets can be a rewarding experience for all concerned.

The Junior Shooting Sports brochure includes an affiliation form. The brochure is available from Department Headquarters. There is NO affiliation fee. Please see our link on the department webpage at http://www.scarolinalegion.org on the programs link.

AMERICAN LEGION BASEBALL

American Legion Baseball strives to teach practical lessons in sportsmanship and citizenship. Such qualities as loyalty, respect for the rules and decisions rendered, fair play, courage, and physical fitness are emphasized in the activity.

Junior Baseball Program: State Entry Fee - $125 National Entry Fee - $25.00 Total - $150.00
Senior Baseball Program: State Entry Fee - $200 National Entry Fee - $50.00 Total - $250.00

Posts sponsoring baseball teams will register and pay all entry fees and insurance online at www.legion.org/baseball.

League play will begin in June and will conclude with the State Championship Series to be held in July, 2019

THE AMERICAN LEGION EAGLE SCOUT OF THE YEAR

Contact Department DEADLINE: March 1, 2020

The American Legion sponsors an annual scholarship awarded to the Eagle Scout who is selected as “The American Legion Eagle Scout of the Year”. The winner is awarded a $10,000 scholarship. Three additional scholarships of $1,500 each are also awarded to three runners-up.

The Nominee Must:
- Be a registered, active member of a Boy Scout Troop, Varsity Scout Team, or Venturing Crew chartered to an American Legion Post, Auxiliary Unit or Sons of The American Legion Squadron:
  Or
- Be a registered active member of a duly chartered Boys Scout Troop, Varsity Scout Team, or Venturing Crew, and the son or grandson of a Legionnaire or Auxiliary member.
  And
  - Received the Eagle Scout Award.
  - Be an active member of his religious institution and must have received the appropriate Boy Scout Religious emblem.
  - Have demonstrated practical citizenship in church, school, Scouting, and community.
  - Have reached his 15th birthday and be enrolled in high school at the time of selection.

Applications are available on the National website – legion.org -under Useful Links – Scholarship Information. Headquarters or the Department Baseball Sub-Committee Chairman for further information. Please see our link on the department webpage at http://www.scarolinalegion.org on the programs link.
BOYS STATE

DATES: June 14-20, 2020

American Legion Boys State is one of the most respected and selective educational programs of government instruction for high school students in the nation. Each boy participates in the operation of his local, county and state government. Delegates are rising high school seniors.

At Boys State, the boys are exposed to the rights and privileges, the duties and responsibilities of a franchised citizen. Activities include legislative sessions, court proceedings, law enforcement presentations, assemblies, bands, chorus and recreational programs.

Posts interview and select participants after receiving recommendations from school officials. Costs are usually paid by an American Legion Post, a local business or another community-based organization.

The site for the American Legion Palmetto Boys State encampment TBD. You can see further information on our website at http://www.scarolinalegion.org on the programs link.

Information on the 2020 Boys State may be found in the Post Adjutant Administrative Manual as follows:
  Page 50 – letter from Boys State Secretary/Treasurer
  Page 51 - Pledge form (Deadline date March 31, 2020)
  Page 52-53 - Post Goals Assignment
  Page 54 - “The Selection of Boys State Delegates” by Rev. Sinclair Lewis

This information is also available on the Department’s website www.scarolinalegion.org on the Programs link.

THE AMERICAN LEGION NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY

DATE: Saturday June 15, 2020- June 21, 2020
FEE: $200.00 plus $50.00 from each cadet – Total cost $250.00

The program provides first-hand experiences and insight into law enforcement agencies. The program also affords these highly motivated young people an opportunity to consider law enforcement as a potential career choice.

Cadets must be rising high school seniors (male and female) of good character who will return to their communities with a better understanding of our state’s law enforcement system. The program is educational as well as entertaining.

The 2020 Law Cadet application, health forms and all 3 permission forms and the cadet information packet are available on the Legion website – scarolinalegion.org on the programs link and in the Adjutant Administrative Manual on page 37.

COMMUNITY SERVICE

We believe that most of the Posts in the Department render some community Service to their cities and towns and we want to know about those activities and accomplishments.

The annual Department Community Service Awards for outstanding service to a community by a Post and its members will be presented during the annual Department Convention. First, Second and Third Place Awards will be presented to three Posts in each of three categories based on the size of the Posts: Category I: 15-99 members; Category II: 100-299; Category III: 300+

The report requires a brief description of each project on the back of the form. We suggest that you include scrap books, newspaper articles and pictures. Any enclosures in the report will be returned upon your request.
AUGUST

- National Convention
  Indianapolis, Indiana
Histories are important! It has been a well-established policy of The American Legion to encourage the preparation of Post histories. Such information on the Post’s activities will be of considerable value in the years to come.

You will find comprehensive outlines to compile a One-Year Yearbook (pictorial) with their respective Judging Standards in the 2019 Officer’s Guide. These standards will be used in judging entries in the Department’s History Contest and the most outstanding entry will be forwarded to National for entry in the National History Contest.

It is suggested that you contact our Department Programs, at P. O. Box 3309, Irmo, SC 29063, for additional ideas and information regarding your One-Year Post Yearbook.

Entries must arrive in Department Headquarters no later than August 1, 2019
The 2\textsuperscript{nd} 2020 Renewal Notice will be mailed to members if their dues are not sent to Department Headquarters by \textbf{Friday, September 6, 2019}

Please transmit Regularly-
Call Department at 803-612-1171 if you have any questions at all

We’re here to help you,
Thank you !!
2020 EARLY BIRD CERTIFICATION FORM
DUE DATE: SEPTEMBER 6, 2019

Certification Requirements: Recruiter must secure FIVE or more members for 2019 prior to September 6, 2019. Transfers ARE NOT included. The Paid Post for the current year must show as the recruiter’s post.
Award: Early Bird Certificate

RECRUITER’S NAME: __________________________________________________________________________
List Members Recruited:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I, ______________________________________________________________________________________, Post Adjutant, of Post No. __________, certify that the
(Print Name)
Membership Recruiter listed above have secured the members listed.
Post Address: ________________________________________________________________________________
Signature ____________________________________________________________________________________
OCTOBER

Transmit dues to Department headquarters by Friday, October 4, 2019 for the Fall Target Date.

This is a dues renewal cut-off date. Anyone whose dues have not been sent to Dept Headquarters will automatically receive the November renewal notice.
NOVEMBER

No forms due

#1 Plaque to any post that achieves 100% by Veterans Day 2019. These will be awarded at the Department Convention.

Transmit dues to Department headquarters by Friday, November 8, 2019 for the Veteran’s Day Target Date.
December

Please send all dues to Department Headquarters by December 6th for the December Target Date.

The 4th 2020 Renewal Notice is mailed in January to members if their dues are not sent to Department by December 6, 2019.
2020 VETERANS DAY AWARD
DUE DATE: DECEMBER 6, 2019

Certification Requirements: Recruiter must earn 25 points enrolling members using the following criteria by November 8, 2019: (Renewal Members – 1 point; New/Reinstated Member – 2 points)
Transfers ARE NOT included. The Paid Post for the current year must show as the recruiter’s post.

Award: Veterans Day Award Certificate

RECRUITER’S NAME: ___________________________ Total Points: ______

Renewals: (list names below):

______________________________
______________________________
______________________________
______________________________
______________________________

Total Renewal Points: ______

New/Reinstated (list names below):

______________________________
______________________________
______________________________
______________________________
______________________________

Total New/Reinstated Points ______

I, ____________________________, Post Adjutant, of Post No. __________, certify that the Membership Recruiter listed above has secured the members listed. Total Points ______

Post Address: ____________________________

Signature ____________________________

REPRODUCE FORM AS NEEDED
Transmit 2020 dues by January 10, 2020 for the January target date.
DEPARTMENT FIREFIGHTER AWARD

DUE DATE: JANUARY 15, 2020

Applications will not be returned

FULL NAME OF NOMINEE: ___________________________ phone # _______________________

NOMINEE’S ADDRESS: ________________________________

NOMINEE’S POSITION: __________________________________

AGENCY NAME & ADDRESS ________________________________

SUPERVISOR __________________________ phone # ___________

Rules:

1. The American Legion, Department of South Carolina will annually award the Department Firefighter of the Year Award to a South Carolina firefighter. All firefighter within the state are eligible for nomination if qualified by the following specifications:
   a. Devotion to firefighter duties;
   b. Self-improvement through educational training in firefighting techniques;
   c. Outstanding action above and beyond the normal call of duty;
   d. Appearance and ability to promote fire safety to the public.

2. The Department Law and Order Sub-Committee will review the nominations and select the most outstanding nominee as the “Department Firefighter of the Year”. The decision of the committee is final.


Complete both sides of this nomination form. Use additional sheets as needed and attach supporting evidence.

Nominating Post’s Number __________ Location __________________________________________

Signed: ___________________________ Title: ___________________________

(Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer
DEPARTMENT FIREFIGHTER NOMINATION CONTINUED:

Give examples of the nominee’s outstanding devotion to their firefighter duties:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List course & other lines of education the nominee has undertaken for self-improvement and firefighting techniques:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List all outstanding actions this firefighter has performed that may be considered above and beyond the call of duty:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Comment on the nominee’s general daily appearance and ability to promote “fire safety” to the general public:

____________________________________________________________________________________

____________________________________________________________________________________

Outline in detail, the particular reasons you consider this nominee to be qualified for this award (use additional sheets if needed – attach supporting evidence:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA
103 LEGION PLAZA ROAD
COLUMBIA, SC 29210
Phone: (803) 612-1171 - Fax (803) 213-9902

THE AMERICAN LEGION AWARD FOR BRAVERY

DUE DATE: JANUARY 15, 2020

Applications will not be returned

FULL NAME OF NOMINEE: ___________________________________________ phone #____________________

ADDRESS__________________________________________________________

LAW ENFORCEMENT POSITION & RANK____________________________________

AGENCY______________________________________________________________

AGENCY ADDRESS____________________________________________________

SUPERVISOR__________________________________________________________ Phone # ____________________

RULES:
1. The American Legion, Department of South Carolina will annually present to a Law Enforcement Officer State of South Carolina, The American Legion Award for Bravery. All Law Enforcement Officers are eligible for nomination if qualified by the following specifications:
   a. Devotion to Law Enforcement duties;
   b. Must have performed a feat of outstanding courage and bravery above and beyond the call of duty.
2. The Department Law and Order Sub-Committee will select the winner and their decision will be final. There will be no appeal and their deliberations will be conducted in Executive Session.
3. All nominations must be received in Department Headquarters by January 15, 2020
4. Forward this form, along with any additional information, to Department Headquarters.
   a. Give examples of outstanding devotion to Law Enforcement duties.
   b. Describe in detail the feat performed of courage and bravery above and beyond the call of duty;
   c. Attach supporting documents or evidence.

Nominating Post’s Number ______ Location ________________________________

Signed: ___________________________ Title: _____________________________
(Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer

ALDSC-AWDS 10-07a

BRAVERY AWARD NOMINATION CONTINUED:

1. Give examples of nominee’s devotion to duty:
2. Describe in detail actions of courage and bravery above and beyond the call of duty:

3. Give supporting evidence:

4. Attach Newspaper Clippings, Citations, etc.
Outstanding Law Enforcement Officer Award

Due Date JANUARY 15, 2020

Applications will not be returned

<table>
<thead>
<tr>
<th>Name_____________________________</th>
<th>Phone #______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address_______________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>City and State_____________________</td>
<td>Zip__________________</td>
</tr>
<tr>
<td>Phone(__<strong>)</strong>___________________</td>
<td>Sex_______Age____________</td>
</tr>
<tr>
<td>Marital Status________ Spouse’s Name____________________________</td>
<td></td>
</tr>
<tr>
<td>Length of Service as Law Enforcement Officer________________________</td>
<td></td>
</tr>
</tbody>
</table>

Agency Name____________________________

Agency Director____________ Title________________

Nominee’s Supervisor________ Title________________

Agency Address____________________________

City and State________________ Zip __________ Phone(____) ______________

RULES:
1. The American Legion, Department of South Carolina will annually present to an outstanding Law Enforcement Officer from the State of South Carolina, the Department Law Enforcement Officer Award. By no means is a nominee to be a member of The American Legion. All law enforcement officers are eligible for nomination if they meet the following requirements:
   a. Devotion to law enforcement duties.
   b. Self-improvement through educational training in law enforcement.
   c. Outstanding police action above and beyond the call of duty during the past year.
   d. Appearance and ability to sell law enforcement publicly.
2. The Department Law and Order Sub-Committee will select the winner and their decision will be final. There will be no appeal and their deliberations will be conducted in Executive Session.
3. All nominations must be received in Department Headquarters by January 15, 2020.
4. Please complete the form below. We suggest that you use additional sheets to point out why your nominee deserves the honor of being “Law Enforcement Officer of the Year.”
5. Please return this form to Department Headquarters along with any supporting evidence.
LAW ENFORCEMENT OFFICER NOMINATION CONTINUED:

A. Give examples of the nominee's outstanding devotion to law enforcement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. What courses and other lines of education has the nominee voluntarily entered on his own time, in an effort to improve in his field:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. List any outstanding police actions above and beyond the call of duty performed during the last year:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

D. Comment on the nominee's general daily appearance and his ability to sell "Law Enforcement" to the general public:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

E. Describe in detail the particular reasons you consider this nominee to be qualified for this award (use additional media information if available)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

F. Attach supporting evidence.

Nominating Post’s Number Location

Signed: __________________________ Title: __________________________
(Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer

23
THE AMERICAN LEGION PUBLIC SAFETY AWARD

DUE DATE: JANUARY 15, 2020

Applications will not be returned

NOMINEE’S FULL NAME ______________________________________________________________________ phone # __________

ADDRESS _______________________________________________________________________________

PUBLIC SAFETY POSITION & RANK ____________________________________________________________________________________________

AGENCY ________________________________________________________________________________

ADDRESS ______________________________________________________________________________

NOMINEE’S SUPERVISOR _______________________________________________________________________________________________

RULES:

1. The American Legion, Department of South Carolina, has established The American Legion Public Safety Award which is presented annually to any First Responder (Law Enforcement Officer, EMS, and Dispatcher) from the state of South Carolina who contributes to safety. All First Responders are eligible if they meet the following requirements;

   a. Devotion to Law Enforcement, Safety, and EMS responsibilities.
   b. Must have contributed to the safety program of the State of South Carolina, or any political subdivision or any county or municipality in the State in reducing the death rate or conducted a safety program that would make people more safety conscious such as school patrol programs, safety programs at civic meetings, or anyone who contributes any appreciable effort in the saving of lives.

2. The Department Law and Order Committee will select the winner of this award and their deliberations will be conducted in Executive Session.

3. All nominations must be received in Department Headquarters no later than January 15, 2020

4. Please fill out the form on the reverse side of this sheet.

5. Please forward this completed form together with any additional sheets.

Nominating Post’s Number ______ Location __________________________________________________________

Signed: ___________________________ Title: ________________________________

(Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer
SAFETY OFFICER NOMINATION CONTINUED:

A. Give examples of Nominee’s devotion to Public Safety:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. Describe in detail the nominee’s contribution to Public Safety programs:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
C. Elaborate on Nominee’s qualifications which you consider make him/her eligible for this award.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

D. Attach supporting evidence.
• Transmit 2020 dues to Department Headquarters by February 7, 2020 for the February National Target Date.

• The 5th 2020 Renewal Notice is mailed in March to members if their dues are not sent to Department by February 7, 2020.
THE E. ROY STONE, JR. LEGIONNAIRE OF THE YEAR AWARD

Applications will not be returned

DUE DATE: FEBRUARY 15, 2020

NOMINEE’S NAME

NOMINEE’S ADDRESS

NOMINEE’S POST NO. LOCATION

The Department Executive Committee approved the annual presentation of an award to the “Outstanding Legionnaire of the Year” at the 95th Annual Department Convention. The nominee must meet the following qualifications:

1. Must have rendered continuous service to The American Legion, Department of South Carolina for a period of two or more years;

2. Shall be or have been active in one of more programs of the Department of South Carolina;

3. Must project a “positive” image of The American Legion to the public.

Each local Post may submit a nominee for this award. Nominations from local Posts must include complete information concerning the qualifications of the nominee. Complete the reverse side of this form and return it to Department Headquarters no later than February 15, 2020

Use additional sheets as needed and attach supporting evidence.

Nominating Post’s Number Location

Signed: ______________ Title _____________________________
   (Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer
LEGIONNAIRE OF THE YEAR NOMINATION CONTINUED:

Years of continuous membership: ____________________________________________

Describe fully nominee's service to The American Legion (offices, committees, etc.):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Describe nominee's work in promoting favorable public image (attach supporting evidence):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
TEACHER OF THE YEAR AWARD
DUE DATE: FEBRUARY 15, 2020

Applications will not be returned

The Department of South Carolina sponsors the Teacher of the Year award each year to recognize an outstanding teacher in South Carolina.

Rules:

1. Must be a classroom teacher.
2. Each Post may nominate only one teacher.
3. Each nomination MUST be signed by the Post Commander or Post Adjutant.
4. Previous Department of South Carolina state winners are not eligible.
5. Previous Post winners may be re-nominated.
6. Nominations are due February 15, 2020

Complete the nomination form. Use as many additional sheets as needed to elaborate on your nomination and attach supporting evidence.

The Department Education and School Awards Sub-Committee will review the nominations and select the most outstanding as the “Teacher of the Year”. The decision of the committee will be final.

The presentation of the “Teacher of the Year” award will be made during the annual Department Convention.

TEACHER DATA SHEET
1. Teacher's Full Name______________________________________________

2. Home Address:________________________________________________________ phone #________

3. Name of School system in which teacher teaches:______________________________

4. Name of School in which teach teaches:_____________________________________

5. School's address_________________________________________________________

6. School Principal_________________________________________________________

7. Grades of Elementary School or Subject in High School which Teacher teaches: ________________

8. Personal qualities of teacher (check one):

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Average</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled in Human Relations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation &amp; Intellectual integrity</td>
<td></td>
<td></td>
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<tr>
<td>Health and Emotional Stability</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Love of Children</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of Child Growth and Development</td>
<td></td>
<td></td>
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<tr>
<td>Speaking Voice</td>
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<tr>
<td>Cooperation and Loyalty</td>
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<tr>
<td>Openness to Suggestions</td>
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<td></td>
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</tr>
<tr>
<td>Personality</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. Education of Teacher:
   a. Highest Degree held__________________________________________________
   b. Institution which awarded the Degree_____________________________________
   c. Scholastic Record: Average______ Good_____ Outstanding______
   d. Type of Teacher Certificate: Group_____ Class_____ Grade_____

10. Teaching Experience:
    a. Total number of years teacher has taught: _____________________________
    b. Number of different school systems in which teacher has taught: ______________

TEACHER DATA SHEET CONTINUED:
11. Evidence of In-Service growth and development (briefly enumerate):

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

12. Breadth of Cultural Interest Outside Classroom:

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
</tr>
<tr>
<td>SPORTS</td>
<td></td>
</tr>
<tr>
<td>TRAVEL</td>
<td></td>
</tr>
<tr>
<td>MUSIC</td>
<td></td>
</tr>
<tr>
<td>LITERARY ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>DOMESTIC ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>HOBBIES</td>
<td></td>
</tr>
</tbody>
</table>

List Others: ____________________________________________________________

13. ATTACH A BRIEF BIOGRAPHICAL SKETCH OF THE TEACHER.

Any additional information such as newspaper clippings and other documentary material showing the activities of the teacher would be helpful in portraying your teacher’s outstanding qualities. Submit as much information as you deem feasible to describe the whole life of your teacher nominee.
OUTSTANDING BOY SCOUT AWARD
DUE DATE: FEBRUARY 15, 2020

Applications will not be returned

Nominee’s Name

Nominee’s Address

Nominating Post No. and Location

Scoutmaster

Address

RULES:

1. The American Legion Department of South Carolina will annually award an outstanding Boy Scout, the Department Boy Scout of the Year award. All scouts are eligible for nomination if they meet the following requirements.
   a. Devotion to Scouting
   b. Leadership in religious, community, and School activities.
   c. Appearance and ability to promote scouting.
   d. Must be in high school and must be between the ages of 15 and 18.

2. The Department Boy Scout Committee will select the winner and their deliberations will be conducted in Executive Session.

3. Please fill out the form on the next page. We are anxious that you elaborate on your nominee and suggest that you use additional sheets or materials to point out in particular just why your Post considers this scout deserving. All nominations must be received in Department Headquarters no later than February 15, 2020.

Nominating Post’s Number Location

Signed: ____________________________ Office: ____________________________
(Post Commander or Adjutant)

Will not be considered without the Post # and Location and signature and title of certifying post Officer
BOY SCOUT NOMINATION CONTINUED:

1. Give examples of nominee’s accomplishments in religious, community and school activities:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. Give examples of the nominee’s devotion to scouting (leadership positions held in cub pack, scout troop, camp staff, etc.):

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. Other activities (jamboree, carrier activities, special projects, etc.):

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. Describe in detail the reasons you consider this nominee to be qualified for this award.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Attach supporting evidence.
American Legion Birthday – send dues to Department by March 6, 2020 for transmittal to National
Eagle Scout of the Year Award

DUE DATE: MARCH 1, 2020

Applications will not be returned.

Forms can be accessed at

After review by the Department Boy Scout Sub-Committee, the winning SC candidate will forwarded to National Headquarters as the State Nominee and he will also be recognized with the Boy Scout of the Year at the annual Department Convention.
2020 SILVER STAR CERTIFICATION FORM

DUE DATE: March 6, 2020

Applications will not be returned

Certification Requirements: Recruiter must secure TWENTY-FIVE or more members for 2019 prior to February 8, 2020. Total may include Renewal Members, New/reinstated Members and transfers from Post 172. No other transfers may be used.

Award: Silver Star Certificate

RECRUITER’S NAME: ________________________________

# of Renewals:__________(list names below)

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

_______________________________________

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_______________________________________

_______________________________________

_______________________________________

I, ________________________________, Post Adjutant, of Post No. ________, certify that the (Print Name) Membership Recruiter listed above has secured the members listed.

Post Address: __________________________________________

Signature ____________________________ Title: ____________________________ Reproduce this Form as necessary for multiple submissions
APPLICATIONS DUE DATE: MAY 1, 2020

The Nathan M. Wolfe Law Enforcement Cadet Academy will be held at the South Carolina Criminal Justice Academy, 5400 Broad River Road, Columbia, SC, June 20, 2020 to June 26, 2020. The cost per cadet will be $200.00 and each cadet will pay a $50.00 registration fee to be sent with the application for a total of $250.00.

Cadets must be high school students of good character, age 15 to 18 who have not reached the age of 19 by June 1, 2020 who will return to their communities with a better understanding of our state's law enforcement system. The program is educational as well as entertaining. We are pleased to announce that sixty-five (65) cadets can be accommodated for this program. Complete the forms below with the application, health forms, ID & all four permission forms and the full fee of $250.00 and return it to Department Headquarters by May 1, 2020.

The cadets will be housed at the South Carolina Criminal Justice Academy. The staff and counselors are members of law enforcement agencies. In interviewing prospective cadets, be sure he/she understands that they will not be allowed to leave the Academy during that week. A counselor will be with the cadets at all times. Cadets will not be allowed to have a car as parking is limited. Posts should make sure the cadets have transportation to and from the Academy.

Registration will be held from 1:00 p.m. – 2:00 p.m. on Saturday, June 20, 2020, at the South Criminal Justice Academy. Graduation will be held on Friday, June 26, 2020 at 1:00 pm in the gym at the SC Criminal Justice Academy. Parents and American Legion Post members are invited to attend.

It cannot be emphasized too much what a fine program this is. Each year the curriculum expands and improves. Your Post is encouraged to see that some young person in your area will have the opportunity to benefit by attending this year. The application and information can be found at www.scarolinalegion.org under the programs link- Law Cadet.
RETURN COMPLETED
APPLICATION BY MAY 1, 2020

Nathan M. Wolfe Law Enforcement Cadet Academy
Sponsored by
The American Legion Department of South Carolina
In cooperation with
Local and State Law Enforcement Agencies
Please return application with ALL fees, health forms, copy of drivers license or drivers permit if available, copy of health insurance card and all three permission forms to:
The American Legion Department of SC
103 LEGION PLAZA ROAD
Columbia, SC  29210 –
information packet can be downloaded at www.scarolinalegion.org
Only completed applications will be accepted

Name: __________________________________________________________________
Last    First    MI
Preferred name (nickname) ________________  Sponsoring Post#: __________________
Address: ________________________________________________________________
Street     city  state  zip
Telephone: (_____) _____________Cell (____) ______________
Email ______________________________________________
Height: _______Weight: ________ Date of Birth: ____________ Age: __________
T-shirt size (based on men’s size)
small ____ medium ____ large ____ x-large ____ xx-large ____ xxx-large ____
Mothers Name: ___________________________________________________________
Address: __________________________________________________________________
Telephone: home ___________ work ________________ cell ______________

Fathers Name: ___________________________________________________________
Address: __________________________________________________________________
Telephone: Home ___________ Work ________________ Cell ______________

This application will not be accepted without the signature of the
Principal, Senior Counselor or Senior School official.

Date application submitted: __________________________

High school/Homeschool group: ____________________________

Principal, Senior Counselor or Senior School Official
Recommendation: _______________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Signature: __________________________________________
Name and Title: ______________________________________
Address: __________________________________________
Phone number: ______________________________________

Sponsoring Post Approval: ___________________________
Signature                                           Date
(Post Commander or Adjutant)
Physicals that will not expire until 6/26/20 will be accepted

Cadet Academy Health and Medical Record

Part A

GENERAL INFORMATION
Name ___________________________ Date of birth __________ Age ________ Male ☐ Female ☐
Address _____________________________________________________________ Grade completed ________
City ___________________________ State __________ Zip __________ Phone No. ___________________________
Social Security No. (Optional; may be required by medical facilities for treatment) ___________________________
Health/accident insurance company ___________________________ Policy No. ___________________________
ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, Circle "NONE."
In case of emergency, notify:
Name ___________________________ Relationship ___________________________
Address _____________________________________________________________
Home phone ___________ Business phone ___________ Cell phone ___________
Alternate contact ___________________________ Alternate's phone ___________

MEDICAL HISTORY
Are you now, or have you ever been treated for any of the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Condition</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertension (high blood pressure)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heart disease (i.e., CHF, CAD, MI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stroke/TIA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear/sinus problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muscular/skeletal condition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Menstrual problems (women only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatric/psychological and emotional difficulties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning disorders (i.e., ADHD, ADD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bleeding disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fainting spells</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thyroid disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kidney disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sickle cell disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleep disorders (i.e., sleep apnea)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GI problems (i.e., abdominal digestive)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serious injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Allergies or Reaction to:

Medication ___________________________
Food, Plants, or Insect Bites

Immunizations:
The following are recommended. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (i.e., HB) ☐
Exemption to immunizations claimed.

MEDICATIONS
List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Frequency</th>
<th>Approximate date started</th>
<th>Reason for medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution approved by:

Temporary ☐ Permanent ☐

Parent signature ___________________________ MD, DO, NP, or PA Signature ___________________________

Medication ___________________________

Strength ______ Frequency _______ Approximate date started _______ Reason for medication _______

Distribution approved by:

Temporary ☐ Permanent ☐

Parent signature ___________________________ MD, DO, NP, or PA Signature ___________________________

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.
# Part B

**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Explain Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Explain Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td>Knees (both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td>Ankle (both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
<td>Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td>Other</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td>Contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td>Dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
<td>Braces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td>Inguinal hernia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion adjustment</td>
<td></td>
<td></td>
<td>Medical equipment (i.e., CPAP oxygen)</td>
<td></td>
<td></td>
<td></td>
<td>Explain</td>
</tr>
<tr>
<td>Tuberculosis (TB) skin test</td>
<td></td>
<td></td>
<td>□ Negative □ Positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Allergies** (to what agent, type of reaction, treatment):

__________________________________________________________________________________________

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- □ Hiking and camping
- □ Competitive activities
- □ Backpacking
- □ Swimming/water activities
- □ Climbing/rappelling
- □ Sports
- □ Running
- □ Scuba diving
- □ Exercise
- □ Challenge ("ropes") course
- □ Hot-weather activity
- □ Wilderness/backcountry treks

Specify restrictions (if none, so state)

__________________________________________________________________________________________

Certified and licensed health-care providers recognized to perform this exam include physicians (MD, DO), nurse practitioners, and physician’s assistants.

To Health Care Provider: Restricted approval includes:

- □ Uncontrolled heart disease, asthma, or hypertension.
- □ Uncontrolled psychiatric disorders.
- □ Poorly controlled diabetes.
- □ Orthopedic injuries not cleared by a physician.
- □ Newly diagnosed seizure events (within 6 months).
- □ For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name ____________________________  Signature ____________________________

Address ________________________________________

City, state, zip ____________________________

Office phone ____________________________

Date ____________________________

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.
NATHAN M. WOLFE LAW ENFORCEMENT
CADET ACADEMY

PERMISSION TO PARTICIPATE

I DO HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER OR LEGAL WARD TO PARTICIPATE IN ALL ACTIVITIES INVOLVED IN THE AMERICAN LEGION NATHAN M. WOLFE LAW ENFORCEMENT CADET ACADEMY TO INCLUDE:

- ASSORTED EXERCISES
- SPORTS ACTIVITIES
- BOATING SAFETY
- DRIVING COURSE
- FIREARMS

AND ANY OTHER ACTIVITIES OF THE PROGRAM, ALL OF WHICH WILL BE SUPERVISED BY CERTIFIED PERSONNEL IN THAT FIELD.

________________________________________
SIGNATURE:________________________________________________________________________

CADET:  ____________________________________________________________________________

ADDRESS: _____________________________________________________________
_______________________________________________________________

TELEPHONE: ___________________ DATE ________________________
RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate voluntarily in The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy, I hereby release the S. C. Criminal Justice Academy, S. C. Law Enforcement Division, S. C. Department of Natural Resources, S. C. Department of Corrections, S. C. Department of Public Safety, S. C. Highway Patrol, Lexington County Sheriff’s Department, Lexington Police Department, University of South Carolina Police Department, Lancaster Police Department, Batesburg-Leesville Police Department, Berkeley County Sheriff’s Department, North Augusta Department of Public Safety, Cayce Department of Public Safety, South Carolina Law Enforcement Officers Association, South Carolina Sheriffs Association, Lexington County Law Enforcement Officers Association, Lexington County Aging and Recreation Authority, Art Smart Academy of Irmo, American Legion, Department of South Carolina, Federal Bureau of Investigation of South Carolina and the Charleston County Aviation Authority from any and all liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any person or property that may occur from any cause whatsoever as a result of taking part in this activity.

______________________________________________  Date_____________
Signature of Participant

FOR MINOR CHILD

I, ____________________________________________, parent/legal guardian of the above said minor child, consent to his or her taking part in this morale support activity. I will abide by the above.

______________________________________________  Date_____________
Name of Parent/Guardian
DATE___________________

Dear Parent,

On____________________ the participants from The American Legion Law Cadet Academy will be given an opportunity to take part in shotgun and/or rifle firing with the SC Department of Natural Resources (SCDNR) Hunter Education Section. This exercise will be conducted by law enforcement officers from the Hunter Education Section of the SCDNR. Please sign the permission form below if you wish for your child to participate in this exercise.

**HUNTER EDUCATION LIVE FIRE PERMISSION FORM**

I, ________________________________, give permission for
(print)
________________________________or, if over 18, I agree participate in shotgun
(print)

And/or rifle firing to be conducted at __________________________as a part of The American Legion Nathan M. Wolfe Law Enforcement Cadet Academy. I understand that this live fire exercise will include the use of shotguns and/or rifles with live ammunition under qualified supervision.

I release the Department Of Natural Resources and its instructors from any liability.

________________________________
Signed

__________________
Date

I _____________________, do not wish for_________________________________

To participate in the live fire exercise; however, I will allow my child to observe.

__________________________________
Signed                                                                                                          Date
MEMORANDUM

TO: POST COMMANDERS AND ADJUTANTS

SUBJECT: BOYS STATE INFORMATION AND GOALS

FROM: REV. SINCLAIR LEWIS, SECRETARY/TREASURER
THE AMERICAN LEGION PALMETTO BOYS STATE

The American Legion Palmetto Boys State will be held at (Location “To Be Determined”), during the period of Sunday, June 14th through Saturday, June 20th, 2020.

The sponsor’s fee remains at $300.00 per delegate. With this fee Palmetto Boys State remains one of the least expensive in the nation. Each citizen will pay a registration fee of Forty Dollars ($40.00) and a room deposit fee of Forty Dollars ($40.00). The registration fee covers the cost of two Boys State T-Shirts and one Boys State Athletic T-Shirt along with campaign materials. The $40.00 room deposit key will be returned to the citizen when he turns in his room key on departure day.

Please inform the citizen that he must bring the $80.00 with him when he comes to Boys State on opening day.

Palmetto Boys State has one primary objective: to take the young men who have demonstrated leadership in their own communities and train them in practical, democratic principles of government, by having these young men actually participate in the organization, election and functions of these several governmental units. We want these young men to become convinced that ours is the best form of government yet devised, to take the enthusiasm generated at Palmetto Boys State back to their local communities and share their new found understanding and insight with their contemporaries. For more program information please go to the Boys State Web site at www.palmettoboysstate.com.

With your support, the continued success of the program enabled us to again surpass 1,000 participants in 2016 and achieve the status of being the largest per capita program in the country. Such success has also posed a challenge in terms of capacity. This year, those you select will be encouraged to register online as soon as they are selected. We will honor pledges for Posts whose delegates have fully registered, to include parent portion, up until May 15, 2020. Once the program has reached our capacity, subsequent registrants who have not completed the full registration will be placed on a waiting list, and may be called as vacancies come available. In other words, it is the student and parent responsibility to complete the process in a timely manner. We will do everything we can to accommodate selected and deserving students. However, we can no longer guarantee that we will have space for these late registrants.

This year we will continue to offer two (2) forms of Registration: the original manual Pledge Card and the preferred Online Registration system that was used successfully the last couple of years. However, because of the capacity issue described above, we are recommending the use of the online registration system. The online system allows each post a user access to the registration site so that you may enter your pledges, monitor your pledges and validate their completed registrations. There are step by step instructions on the website to assist with the online process and we have a registration team that can assist with your questions. Web site information and help contacts are below. The two processes are as follows:
FOR AMERICAN LEGION POST USERS ONLY-NOT FOR DELEGATES

1. **The Online Registration Process:** If you would like to use the online registration system and monitor the status of your pledges, you may go to the following site and enter your information to request a secure user name and password. Once you receive the user name and password, there will be detailed instructions with screen shot examples to walk you through the simple process. Please know that we will not finalize a citizen to attend until all fees are paid.

   [https://event.palmettoboysstate.com/postuser.php](https://event.palmettoboysstate.com/postuser.php)

   *(DO NOT GIVE THIS LINK TO DELEGATES)*

2. **Manual Pledge Card:** You may fill out the enclosed pledge form and mail back to my attention.

   **PLEASE NOTE:** When I receive your pledge, I will forward you the application cards. When you return the cards and the fees, our staff, as their schedule permits, will enter the information into the system. The Citizens will be notified via email and can log into the system and start the registration process. They will receive a full electronic package of all details once they and their parents complete the registration process.

   AT THE SAME TIME YOU ENTER YOUR CITIZENS, YOU MUST MAKE A LIST OF THEIR NAMES, WRITE A CHECK TO COVER THE $300.00 PER DELEGATE FEE for each boy you are sending and mail the check and the list of boys to:

   **Mail Delegate Money Only (Not Cards)**
   Brand Stille, Wofford College, 429 N. Church Street, Spartanburg, SC 29303-3663
   (Checks should be made out to: Palmetto Boys State)

   In order to submit delegates for Palmetto Boys State, you must have the following information on hand:

   **Name, Full Address, Date of Birth, Phone Number and a valid email address for the delegate.**

   **Please note that email addresses that end in “.edu”, “.gov” or “.org” will most likely be blocked by the Boys State server and thus the student and parents will not obtain the email information.**

   CITIZENS MUST BE AWARE THAT THEY WILL NEED TO BRING WITH THEM EIGHTY DOLLARS ($80.00) TO COVER REGISTRATION AND ROOM DEPOSIT. Remind the citizen that he will be returned the room deposit when he checks out and returns his room key.

   I will need the enclosed form or the online pledge completed as soon as possible, and prior to **March 31, 2020.** If you have any questions about the online registration system or the process, please email help@palmettoboysstate.com or call our help line at 803-310-3120 and one of our team members will respond by phone or email. (Please note that there may be a delay in returned phone calls because of work schedules. For quicker response, please try email first.)

   **A South Carolina American Legion Post must be in good standing** in order to participate in the Boys State Program. Likewise, it is the responsibility of the Posts to obtain other sponsors for this most worthwhile program. Most often these sponsors are civic, fraternal, church, school, business, other organizations in the community, and individual sponsors. Also note that we hear from schools, citizens and civic organizations every year that they never received any information about the program. Each year this program impacts the lives of young men all over our state and we want to reach as many boys as possible with the AMERICAN LEGION MESSAGE OF GOD AND COUNTRY.

   PLEASE NOTE MY ADDRESS AT THE TOP OF THE PAGE AND ON THE PLEDGE FORM. MY TELEPHONE NUMBERS ARE LISTED ABOVE. I may also be reached at FAX (864) 226-3134 or e-mail – drsink@charter.net
PALMETTO BOYS STATE PLEDGE FORM
DUE DATE: MARCH 31, 2020

RETURN TO: Sinclair E. Lewis, American Legion
Palmetto Boys State
508 Holly Creek Drive
Anderson, SC 29621

Post No. ______ located in ____________________________ pledges to sponsor ______ young men to attend Palmetto Boys State on June 14-20, 2020, Anderson University

SIGNED __________________________

TELEPHONE ___________ EMAIL _________________

ADDRESS _______________________________________
Street City Zip

IN ORDER TO EXPEDITE THE PLEDGE AND REGISTRATION PROCESS, PLEASE GO TO OUR WEBSITE AND REQUEST A USER NAME AND PASSWORD. YOU CAN ENTER YOUR DELEGATES AND MONITOR THEIR STATUS THROUGHOUT THE REGISTRATION PROCESS.

GO TO: https://event.palmettoboysstate.com/postuser.php

----------------------------------------------------------------------------------------

DETAIL STEP BY STEP INSTRUCTIONS

1. Pledge Online (Preferred) or Mail in this form to the above address

2. Mail Delegate fee to the following:

   Brand Stille, Wofford College, 429 N. Church Street, Spartanburg, SC 29303-3663

3. Encourage nominated delegates to fully register by May 15, 2020
2020 JULIUS H. WALKER DEPARTMENT COMMANDERS POST ACHIEVEMENT AWARD

DEADLINE DATE: March 15, 2020

Applications will not be returned

The Post must meet twelve (12) of the sixteen (15) goals listed below in order to be considered for this Post Award and it is mandatory that the post achieve Goal as #1. **Provide written proof of each goal achieved (newspaper clippings, certification copies, dates, etc.)**

1. 100% of Post Membership Goal by February 7, 2020. Provide goal achieved.
2. Post must sponsor one or more American Legion programs. Give examples.
3. Post Public Relations plan must be in place. (Provide evidence of Public Relations efforts such as newspaper articles, etc).
4. One or more Post members attended Fall Conference. (Provide name(s)).
5. A Post representative attended the 2016 Department Convention. Provide name(s).
6. Post sends a newsletter/bulletin to Post members. (Provide copies).
7. Post must hold a Permanent Post Charter, Articles of Incorporation and current Post Constitution and By-Laws. (Provide copies or evidence.)
8. Post must have viable American Legion Auxiliary Unit and/or Sons of The American Legion Squadron.
11. Post representative attended two or more District meetings (Department Officers excluded). Provide name of Post representative(s) and date of meeting.
12. Post sponsors one or more community service projects and/or submits Community Service Report. Provide description.
13. One or more Post Officers completed Extension Institute course during the membership year (Department Officers excluded). Provide name(s).
14. Post provides an Initiation/Mentoring of Post members program. Describe.
15. Other projects, program or service provided by the Post not outline in 1-15. Attach details.
2020 FREDERICK CARLOS JONES POST ADJUTANT ACHIEVEMENT AWARD

DUE DATE: MARCH 15, 2020
Applications will not be returned

The Post Adjutant must achieve seven (7) of the ten (10) goals listed below in order to be considered for this award and it is **mandatory** that the first four (4) of the goals be achieved. Provide written proof of each goal achieved (newspaper clippings, certification copies, dates, etc.).

Each Post Adjutant that meets the requirements will receive an award. The Trophies and Awards Sub-Committee will review the nominations and select the most outstanding as the Post Adjutant of the Year.

**Mandatory:**
1. Post sponsors one or more community service projects and/or submits Community Service Report for the 2019 Calendar year. Provide description or proof.
4. Post representative attended two or more District meetings (Department Officers excluded) during the 2019-2020 membership year. Provide name/s of Post representative(s) and date of meeting.

**Optional (must meet 3 of the 7 listed below):**
5. 100% of 2020 Post Membership Quota Goal attained by February 7, 2020
6. One or more Post members attended 2019 Fall Conference. Provide name(s).
7. A Post representative attended the 2019 Department Convention. Provide name/s.
8. Other project, program or service provided by the Post not outlined. Explain in detail.
10. Post must hold a Permanent Post Charter, Articles of Incorporation and current Post Constitution and By Laws. Provide copies for evidence.

I, Post Commander _________________________________, of Post _______________________

verify that Post Adjutant _________________________________ has met the requirements as listed.

SIGNED: __________________________________________ Title _______________________

50
2020 W.M. MCLAUGHLIN POST COMMANDER ACHIEVEMENT AWARD

DUE DATE: MARCH 15, 2020

Applications will not be returned

The Post Commander must achieve seven (7) of the ten (10) goals listed below in order to be considered for this award and it is mandatory that the first four (3) of the goals be achieved. Provide written proof of each goal achieved (newspaper clippings, certification copies, dates, etc.).

The Trophies and Awards Sub-Committee will review the nominations and select the most outstanding as the Post Commander of the Year.

Mandatory:
1. Post must achieve 100% of its membership goal by February 7, 2020.
3. Post Commander has successfully completed The American Legion Extension Institute Course.

Optional (must meet 4 of the 7 listed below):
4. Post sponsors one or more community service projects and/or submits Community Service Report for the 2019 Calendar year. Provide description or proof.
5. Post Commander or Post Representative attended the 2019 Department Convention (list names).
7. Post representative attended two or more District meetings (Department Officers excluded) during the 2019-2020 membership year. Provide name/s of Post representative(s) and date of meeting.
8. Post Commander or Post Representative attended the 2019 Fall Conference.
9. Other project, program or service provided by the Post not previously outlined. Attach details.

I, Post Adjutant ________________________________, of Post __________________ verify that Post Commander _____________________________ has met the requirements as listed.

SIGNED:_________________________________________
POST HISTORIAN AWARD

DUE DATE: MARCH 15, 2020
Submissions will not be returned

THIS IS TOTALLY SEPARATE FROM THE HISTORY BOOK!!!

CRITERIA:
1. 85% of 2020 Post membership Quota Goal attained by February 7, 2020.

2. 3 categories will be awarded based on Post membership:
   Cat I  15-99 members
   Cat II  100-299 members
   Cat III 300 and above

3. Post Historian must submit the following:
   • History of the Post
   • Interview and submit a short Bio and photo on a minimum of five new members. Bio must include date joined, Branch, places served and what they deemed as their most contribution to their service.
   • Interview and submit a short Bio and photo on a minimum of three current members. Bio must include date joined, Branch, places served and what they deemed as their most contribution to their service and to the American Legion.
   • Submit flyers and photos of Post events
   • Submit a list and photo of your Officers for 2019/2020 (photos can be individual or a group with name captions)
   • Submission must have a cover page that contains the Post name and number, the Post Historian and the Post Commander and Adjutant.

Entries will be judged by a panel selected by the Department Historian and awarded at the Department Annual Convention. All entries will be consolidated and two copies will be made, one for the outgoing Department Commander and one for the Department archives.
NEW MEMBER
(POST NAME)
(POST NUMBER)

NAME______________________________

PHOTO

BIO______________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

DATE JOINED LEGION________________________________________________________
BRANCH_______________________________________
PLACES STATIONED_________________________________________________________________________

WHAT WAS YOUR MOST SIGNIFICANT CONTRIBUTION DURING YOUR MILITARY SERVICE?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
CURRENT MEMBER
(POST NAME)
(POST NUMBER)

NAME___________________________

BIO______________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

DATE JOINED LEGION________________________________________________________

BRANCH_______________________________________

PLACES STATIONED________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

WHAT DO YOU DEEM AS YOUR MOST SIGNIFICANT CONTRIBUTION TO THE AMERICAN LEGION?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

PHOTO
APRIL
Post Data form due by April 15th
Preprinted forms are mailed to every post every February to the post mailing address. If you cannot locate your pre-printed form, a blank form can be found at www.scarolinalegion.org under the members link and then the forms and publications Link.

The Final 2020 renewal notice is mailed to members whose membership has not been sent to Department Headquarters by April 3, 2020.
MAY

National 100% Target
Date-send dues to
Department
Headquarters by
May 8, 2020
THE AMERICAN LEGION, DEPARTMENT OF SOUTH CAROLINA
103 Legion Plaza Road
Columbia, SC  29210
Phone: (803) 612-1171 – Fax (803) 213-9902

TOP NEW MEMBER RECRUITER AWARD

DUE DATE: MAY 8, 2020

Applications will not be returned

RULES:
Each American Legion Post will have the opportunity to submit the name of the Recruiter from that Post who has signed up the highest number of New Members for the 2020 membership year by the May Target Date. The Department Adjutant will determine the Top New Members Recruiter for the Department and certify the winner to National Headquarters.

In Post Number __________, the Top New Member Recruiter of membership enrolled for 2020 as of May 8, 2020, and transmitted to Department Headquarters is:  (Please print or type)

1. Name__________________________________________________________
Address________________________________________________________
City, State and Zip________________________________ Phone________________________
Number of new members enrolled (minimum 10) ________________________________
(Attach list of names and ID numbers of new members)
Next Highest New Member Recruiter (Make additional copies if needed.

2. Name__________________________________________________________
Address________________________________________________________
City, State and Zip________________________________ Phone________________________
Number of new members enrolled (minimum 10) ________________________________
(Attach list of names and ID numbers of new members)

I, __________________________, Post Adjutant, of Post No. __________, certify that the Membership Recruiters listed above have enrolled the 2020 members listed on the attached sheet:

Post Address________________________________________________________
THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA
103 LEGION PLAZA ROAD
Columbia, SC  29210
Phone: (803) 612-1171 - Fax (803) 213-9902

CERTIFICATION FORM
“SILVER BRIGADE” NEW MEMBER RECRUITER AWARD

DUE DATE: MAY 8, 2020

Applications will not be returned

POST: RETAIN COPY FOR YOUR RECORDS

The following member in the Department of South Carolina qualifies for the “Silver Brigade” Award for enrolling 25 to 49 NEW MEMBERS into The American Legion by May 8, 2020.

Silver Brigade recipients receive a Silver Pin and a Silver Certificate.

NAME ____________________________________________ POST NO. _________________

ADDRESS ____________________________________________________________________

City    State    ZIP

PHONE: (____) _________

Number of NEW MEMBERS enrolled (25 to 49) __________
(Attach list of names and ID numbers of new members)

Department Adjutant   (signature)       POST ADJUTANT (signature)

_________________________                        _________________

Date                        ADDRESS                DATE

USE ADDITIONAL SHEETS IF NECESSARY

DEPARTMENT REMINDER - Forward a copy of this form to the National Membership Division and a copy of the list of new members signed up to National Headquarters, on or before the last day of May.
CERTIFICATION FORM
“GOLD BRIGADE” NEW MEMBER RECRUITER AWARD

DUE DATE: MAY 8, 2020

Applications will not be returned

POST: RETAIN COPY FOR YOUR RECORDS

The following member in the Department of South Carolina qualifies for the “Gold Brigade” Award for enrolling 50 or more NEW MEMBERS into The American Legion by the May Target Date (May 8, 2020) (Please attach the list of names with each nomination form).

First time qualifiers for the “Gold Brigade” receive:
a “Gold Brigade” cap pin, certificate, a Gold Brigade patch, and choice of a jacket, or sweater, or polo shirt with the “Gold Brigade” logo.

Second time qualifiers for the award receive:
a “Gold Brigade” certificate, patch, a “hash mark” for the sleeve, and the choice of either another “Gold Brigade” jacket, or sweater, or polo shirt with the “Gold Brigade” logo.

PLEASE CHECK THE APPROPRIATE BOX(ES):
This “Gold Brigade” award will be my:
[  ] A. First “Gold Brigade” award
[  ] B. Other (Specify 2nd or 3rd time qualified) _______________________________

If you checked either box “A” or “B”, circle one: jacket sweater polo shirt

(Circle size) Size: (S, M, L, XL, XXL, XXXL)

NAME ____________________________________________ POST NO. _________________
ADDRESS ____________________________________________________________________
City    State    ZIP
PHONE: (____) _________ Number of NEW MEMBERS enrolled (minimum 50) __________

Department Adjutant (signature)           POST ADJUTANT (signature)
______________________________________  ______________________________
Date                                          ADDRESS

DATE (Cannot be after May Target Date)

USE ADDITIONAL SHEETS IF NECESSARY
• Transmit those last 2020 renewals to Department so your members can keep their continuous years.

• Meet with your Post Officers and plan your 2021 year. Turn in your new officer list to Department Headquarters by June 15, 2020 so you’ll receive mail from & Information from Department & National Headquarters.

• CPR’S (Consolidated Post reports) and Post Narrative reports due June 15th. The Department Children & Youth committee review these reports to determine the winners of the Children & Youth awards presented at Fall Conference.

• Community Service Reports due-Community Service committee review these report to determine the winners of the Community Service Awards presented at Fall Conference.
TO: ALL AMERICAN LEGION POSTS

SUBJECT: 2019 COMMUNITY SERVICE REPORTS

FROM: Department Community Service Subcommittee

We believe that most of the Posts in the Department render some community service to their cities and towns. We want to know about your activities and accomplishments.

The annual Department Community Service Awards for outstanding service to a community by a Post and members of that Post will be presented to the winners at the 2020 Fall Conference. First, Second and Third Place Awards will be presented to three Posts in each of three categories based on the size of the Posts.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MEMBERS OF POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>15-99</td>
</tr>
<tr>
<td>II</td>
<td>100-299</td>
</tr>
<tr>
<td>III</td>
<td>300 and above</td>
</tr>
</tbody>
</table>

You need not be a large Post to participate in this program. In judging the entries, the Committee takes into account the size of your Post and weighs its participation accordingly. The Committee will consider the description of your projects and any supporting evidence.

Enclosed is a form on which to write your report. Please check the projects in which your Post and its members have participated in 2019 and write a brief description of each project on the back of the form. Include scrap books, newspaper articles and pictures, if you wish to do so. The committee finds scrapbooks to be particularly helpful in selecting the most outstanding reports. Any enclosures in the report will be returned upon your request.

In order that the Committee can meet and judge the entries properly, we ask that you complete your reports and forward them to Department Headquarters, P. O. Box 3309, Irmo, SC 29063, on or before June 15, 2020. Your report should include all community services rendered by your Post and its members from January 1, 2019, through December 31, 2019.

We want all Posts in the Department to submit reports this year. Please complete the report form and mail it to arrive in Department Headquarters no later than June 15, 2020. Please support our Community Service Program by sending in your report.
# 2019 Department Community Service Awards Report

**Report Covers Period**: January 1, 2019 Through December 31, 2019  
**Due Date**: June 15, 2020  
**Reports will not be returned**

**Post Name**:  
**Post No**  
**District**:  
**Post Location**:  
**2016 Post Membership Total**: 

<table>
<thead>
<tr>
<th>CHECK BOX</th>
<th>PROJECTS</th>
<th>CHECK BOX</th>
<th>PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ______</td>
<td>Get out the vote</td>
<td>2) ______</td>
<td>Blood donor program</td>
</tr>
<tr>
<td>3) ______</td>
<td>Baskets for needy</td>
<td>4) ______</td>
<td>Toys for Underprivileged</td>
</tr>
<tr>
<td>5) ______</td>
<td>School Recreation Equipment</td>
<td>6) ______</td>
<td>Accident Prevention/Safety</td>
</tr>
<tr>
<td>7) ______</td>
<td>Ambulance Service</td>
<td>8) ______</td>
<td>Rescue Unit Service</td>
</tr>
<tr>
<td>9) ______</td>
<td>Observance, Patriotic Holiday</td>
<td>10) ______</td>
<td>Chaperone Service</td>
</tr>
<tr>
<td>11) ______</td>
<td>Erection of Flag Poles/Memorials</td>
<td>12) ______</td>
<td>Care for Community Property</td>
</tr>
<tr>
<td>13) ______</td>
<td>Drug Abuse Prevention</td>
<td>14) ______</td>
<td>Immunization</td>
</tr>
<tr>
<td>15) ______</td>
<td>Health and Research</td>
<td>16) ______</td>
<td>Handicapped Children</td>
</tr>
<tr>
<td>17) ______</td>
<td>Youth Activities</td>
<td>18) ______</td>
<td>Drum Corps</td>
</tr>
<tr>
<td>19) ______</td>
<td>Junior Bands</td>
<td>20) ______</td>
<td>Drill Teams</td>
</tr>
<tr>
<td>21) ______</td>
<td>Color Guards</td>
<td>22) ______</td>
<td>Sponsor Boy Scout Troop</td>
</tr>
<tr>
<td>23) ______</td>
<td>Parties and Dances</td>
<td>24) ______</td>
<td>School Awards</td>
</tr>
<tr>
<td>25) ______</td>
<td>Oratorical Contest</td>
<td>26) ______</td>
<td>Youth Recognition Day</td>
</tr>
<tr>
<td>27) ______</td>
<td>Emergency Shelter</td>
<td>28) ______</td>
<td>Para-medic Training</td>
</tr>
<tr>
<td>29) ______</td>
<td>Athletics</td>
<td>30) ______</td>
<td>Cancer Awareness</td>
</tr>
<tr>
<td>31) ______</td>
<td>Use of Legion Hut/Home</td>
<td>32) ______</td>
<td>Park Development</td>
</tr>
</tbody>
</table>
33) Disaster Relief
34) Flag Education
35) Senior Citizen Projects
36) Sons of American Legion
37) Swimming Pools
38) Playgrounds
39) Boys State
40) Public Relations
41) Local and V. A. Hospitals Visitation
42) Adopt-a-Highway Program
43) Law Cadet
44) JROTC
45) Library Support
46) Active Duty Military Support
47) Blue Star Banner Program
48) Medical Research Volunteers
49) Meals on Wheels volunteers
50) Soup Kitchen
51) Reading Programs
52) Language Comprehension
53) Human Needs Assistance (financial, home repairs, lawn mowing, etc.)
54) Participation in local fund raising projects (United Way, Easter Seals, Cancer, etc.)
55) “Keep America Green” (recycling programs)

List other Community Service Projects:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

NOTE: Describe below the projects and activities checked and any other community service projects the post sponsored. Identify by number. Scrapbooks are particularly helpful to the Department Community Service Sub-Committee as they review the Community Service Reports.

Submitted by:

Post Commander or Adjutant
Title
Post No.___________
Post Location ________________________________________________

ALDSC-AWDS
CONSOLIDATED POST REPORT & POST NARRATIVE REPORT
“Help Share the News”

At first glance, the Consolidated Post Report you receive may appear complicated and something you don’t want to be troubled with, but it is perhaps the most important document your Post can complete and submit. This information will be combined with that of other Posts, which submit form to be put into the report annually sent to Congress. Your Post is encouraged to send a photocopy to your own U. S. Representative. This summary is “US” when the National Commander and others testify on Capitol Hill on behalf of The American Legion and all veterans. Each Post has a story to tell, and when we speak collectively, our strength is magnified…your Post needs to be a part of that united force.

Every blank or line does not have to be filled in. Few Posts can claim activity for every item listed. If the Post only has one program, than that should be the one reported. Some questions can be answered by putting an “X” in the space provided. An “X” means “Yes”. A blank means “No”.

The report is a single page and two copies. After the form is completed, **send the original and one copy to Department Headquarters by June 15, 2020** Keep the third copy for the Post’s records. June 15 is the final date for transmittal to National for Post Reports to be included in the National tabulation for the specified reporting year.

Many questions call for figures, such as the number of Funeral Honors provided for veterans, or the number of cases handled by the Post Service Officer. Some of the items being assessed, like The American Legion National Emergency Fund ask for the number of dollars spent. There is a dollar sign ($) at the beginning of each blank space which requests a response in dollar amounts. Do NOT report cents…round out your response to the nearest dollar amount.

All answers to the boxes and the fill-ins should be typed or printed clearly, using a pen with black or dark blue ink.

Whoever is given the responsibility of completing the form may have to get some of the answers from other Post officers or committee members. If you can’t get exact amount of number, please make a reasonable estimate. If your Post did not participate in a program listed on the report, or if you simply can’t get the information by the requested date, leave the section blank. It will be an unusual Post reporting something on every line of the form.

If your Post had projects, activities or events which cannot be adequately covered on the report form, attach a narrative (written description/pictures/newspaper articles) to the National and Department copies of the form. The narrative report will be reviewed by personnel at National Headquarters responsible for specific programs and shared with The American Legion Magazine staff. Narrative reports are also very helpful to the Department Program Committees in selecting Posts for various Department and National awards.

The Post Narrative Report is extremely helpful to the Department Children & Youth Committee as they select Post winners for various Children & Youth awards. Please be as honest and accurate as possible when completing the form.

Your report is a measure of performance for your Post and shows you are “STILL SERVING AMERICA”
JUNE

THE AMERICAN LEGION DEPARTMENT OF SOUTH CAROLINA
103 Legion Plaza Road
Columbia, SC  29210
Phone: (803) 612-1171 -  Fax (803) 213-9902

JUNE 1, 2019 - MAY 31, 2020

POST NARRATIVE REPORT FORM (Please print)
DUE DATE:  JUNE 15, 2020

Applications will not be returned

<table>
<thead>
<tr>
<th>Post Name</th>
<th>No.</th>
<th>District No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of</td>
<td>Present Membership</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Did your Post file a Consolidated Post Report form?  Yes_____  No_____

2. Did your Post participate in any of the following National Children and Youth program objectives?  Please report the amount of money spent/donations on each program.

   - Family Emphasis (National Family Week) $__________
   - Child Safety (Drug Abuse Prevention: Youth Suicide Prevention, etc.) $__________
     Describe program(s)________________________________________________
     ___________________________________________________________________
     ___________________________________________________________________
     ___________________________________________________________________
   - Children’s Miracle Network $__________
   - Halloween Safety $__________
     Number of children:______________
   - Missing Children $__________
   - April is Children & Youth Month $__________
   - Temporary Financial Assistance $__________
     Number of children assisted:__________
   - Family Support Network $__________
     Number assisted:__________
   - Ronald McDonald House $__________

3. Estimate the number of volunteer service hours provided by the membership of your Post for the children and youth in your community.  ________________ hours
4. Estimate the amount of money your Post expended for administrative expenses for Children and Youth overhead. (Postage, printing, conferences, travel, salaries, etc.) $__________

5. Use the remaining space on this sheet to describe, in some detail, a specific Children and youth activity promoted by your Post. (Please attach extra sheets if necessary.)

REMEMBER: This section of the narrative report is most important to your Department Children and Youth Committee in determining various awards.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
General/Misc. Information

Please transmit Regularly-
Call Department at 803-612-1171 if you have any questions at all

We’re here to help you,
Thank you !!
2019 National Convention

The 2019 National Convention will be held in Indianapolis, Indiana beginning Tuesday August 27, 2019 and ending Thursday, August 29, 2019. Commission & Committee meetings begin the previous week so make your travel & hotel plans accordingly.

Rooms & registration info is on the webpage at www.scarolinalegion.org on the Conventions and Meetings Link. All National Convention reservations must be made through Department Headquarters. Reservations and all ticket purchases must be received at Department Headquarters no later than July 5, 2019.

2019 Fall Conference

The 2019 Fall Conference will be held at the Columbia Marriott, 1200 Hampton St, Columbia, SC 29201-2826 on Friday, October 4, 2019 to Sunday October 6, 2019. Reservations can be made beginning immediately. To get the discounted Legion rate you must call 800-228-9290 BEFORE August 31, 2019. Registration and hotel information can be accessed at under Members/Convention and meetings at www.scarolinalegion.org

2020 Department Convention

The 2020 Department Convention will be held at the Columbia Marriott, 1200 Hampton St, Columbia, SC 29201-2826 Friday, Saturday and Sunday, May 29, 2020, May 30, 2020 and May 31, 2020. As always, packet pickup will begin Thursday afternoon before the start of convention, May 28, 2020. To get the discounted Legion rate, Reservations must be made NO LATER THAN APRIL 30, 2020, call 800-228-9290.
If you are requesting the Commander for more than one date/event, please complete separate visit request forms for each date/event.

DEPARTMENT COMMANDER’S VISITATION FORM POST#________

REQUESTED DATE:________________________________________________________

REQUESTED ARRIVAL TIME:________________________________________________

SCHEDULED EVENT:_______________________________________________________

________________________________________________________________________

MEETING LOCATION/ADDRESS:________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ATTENDEES: LEGION______SAL______AUX______GUESTS________

________________________________________________________________________

CMRD'S NAME & CONTACT INFO:____________________________________________

ADJUTANT'S NAME & CONTACT INFO:________________________________________

Additional Notes________________________________________________________________________

ALDSC FORM 6/19
Request for Use of American Legion Name or Emblem on Merchandise

The name and emblem of The American Legion are registered service marks in the U.S. Trademark Office and are protected by criminal and civil enforcement provisions of federal law (18 U.S.C.S 705 and 36 U.S.C.SS 44 and 48). By authority of May 1947 Resolution Number 71, the National Adjutant or his designated representative (Director, National Emblem Sales), may grant limited permission to use the name and emblem in accordance with Resolution Number 71, other Resolutions and U.S. Trademark Law.

In order to gain permission for limited use of the name or emblem, complete this form and forward it to your Department Headquarters, Attn: Department Adjutant. Your Department Headquarters will forward the completed form to National Emblem Sales. Please note that permission must be requested by the member or Post purchasing the merchandise and permission is granted directly to U.S. Manufacturers only.

Any permission given will be granted on a one-time basis for a given quantity. Additional orders will require new authority and the manufacturer must not produce more items than that being ordered. Permission will be given with the caveat that all material used will specifically identify the Post. If the merchandise requested is available through National Emblem Sales, you will receive a quote for the merchandise or a one-time limited permission. If the merchandise is not available through National Emblem Sales, you will receive a one-time limited permission or denial of permission. If you are ordering an outdoor sign for the post, the only licensed manufacturer of American Legion Post outdoor signs is the J.M. Stewart Company, 2201 Cantu Court, Suites 217-218, Sarasota, FL 34232, and they can be reached at (800) 237-3928.

FILL OUT FORM COMPLETELY AND FAX OR MAIL TO DEPARTMENT HEADQUARTERS

Purchaser Information

Post Number ____________________________
Address __________________________________
City________________ State_______ Zip________
Contact Person __________________________
Member I.D. # __________________________
Telephone #________________ Evening ______
Product Description_______________________
________________________
________________________

Manufacturer Information

Name of Business __________________________
Address __________________________________
City________________ State_______ Zip________
Contact Person __________________________
Telephone #________________
Product in all parts made in U.S.A.? Yes____No____
If No, please attach explanation.

Imprint instructions. Provide rough sketch or attach artwork.

Quantity______________________________
Price________________
Purpose/Use of product __________________
____________________
____________________

Signature______________________________

DEPARTMENT USE

☐ Recommend Approval
☐ Recommend Denial
Department Adjutant

FOR OFFICE USE ONLY

☐ Approved
☐ Referred
☐ Denied

NATIONAL USE

☐ National Adjutant
Suggested Guideline for Post Constitution & Bylaws

(Section 7, Article IX, National Constitution of The American Legion provides each Department may prescribe the Constitution of its Posts. Consequently, Posts should ascertain whether or not the Department has adopted a uniform Constitution for all Posts in that Department. If such Constitution has been approved by the Department, it should be followed.)

Constitution of (Post Name and Number).
Department of . . . .

Preamble

For God and Country, we associate ourselves together for the following purposes: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred percent Americanism; to preserve the memories and incidents of our associations in the Great Wars; to inculcate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and good will on earth; to safeguard and transmit to Posterity the principles of justice, freedom and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

Article I—Name

Section 1. The name of this organization shall be (Post Name and Number), The American Legion, Department of . . . .

Article II—Objects

Section 1. The objects and purposes of this Post shall be to promote the principles and policies as set forth in the foregoing preamble, and the national and Departmental Constitutions of The American Legion.

Article III—Nature

Section 1. This Post is a civilian organization and membership therein does not affect or increase liability for military or police service. Sec. 2. This organization shall be absolutely nonpolitical and shall not be used for the dissemination of partisan principles nor for the promotion of the candidacy of any person seeking public office or preferment.

Sec. 3. Rank does not exist in The American Legion; no member shall be addressed by his military or naval title in any meeting of this Post.

Article IV—Membership

Section 1. Eligibility to membership in this Post shall be as prescribed by the National Constitution of The American Legion.

Sec. 2. Application for membership shall be made in writing under such regulations as may from time to time be prescribed by the Post Executive Committee.
Sec. 3. All applications for membership shall be acted upon at the next Post meeting following the making of such application, and shall at such meeting, be accepted, rejected or referred for further investigation and consideration. If a majority of the members cast their vote against the acceptance of said application, then such application shall be recorded as rejected.

Sec. 4. Any member of this Post may be expelled for cause by a two-thirds vote of the Executive Committee after charges are preferred under oath in writing, and a fair trial had upon the same.*

Sec. 5. A member who has been expelled or suspended from this Post for any cause may be reinstated to membership by a two-thirds vote of the membership present in Post meeting, and the payment of current dues for the year in which the reinstatement occurs.

Sec. 6. No person who has been expelled by a Post shall be admitted to membership in this Post, without the consent of the expelling Post, except that where such consent has been asked for and denied by such Post, may then appeal to the state Executive Committee of the Department of the expelling Post for permission to apply for membership in this Post, and shall be ineligible for membership until such permission is granted.

*Before proceeding under this section, Posts should make inquiry as to whether or not the Department Constitution and By-Laws has provided a different procedure which should be followed.

Article V—Officers

Section 1. The administrative affairs of this Post of The American Legion shall, except as may be otherwise provided by the By-Laws, be under the supervision of an Executive Committee which shall consist of ............... members in addition to the officers of the Post. The term of office of members of the Executive Committee shall be for one year. This Post, by its By-Laws, may provide for such other standing committees as the business of the organization may require.

Sec. 2. The officers of this Post shall be a commander, a vice-commander, an adjutant, a finance officer, a Post historian, a Post chaplain, a Post service officer and a sergeant-at-arms, and such other officers as may be deemed necessary by this organization, who shall be nominated from the floor at the meeting preceding the annual election.

Sec. 3. All officers and executive committeemen shall be elected annually, and they shall hold office until their successors are duly installed or as otherwise provided. Any officer or executive committeeman may be removed for inefficiency by the Executive Committee, a two-thirds vote of said committee being necessary to effect such removal.

Sec. 4. Every member of this Post in good standing shall be eligible to hold office in this Post.

Sec. 5. The duties of officers and the executive committee shall be those usually appertaining to such officers or committee and as further provided in the By-Laws.

Article VI—Finance

Section 1. The revenue of this Post shall be derived from membership or initiation fees, from annual membership dues and from such other sources as may be approved by the Post Executive Committee.

Sec. 2. The amount of such membership or initiation fees and the amount of such annual Post dues shall be fixed and determined by this Post.

Sec. 3. The Post shall pay to Departmental headquarters the National and Departmental annual membership dues for every member of the Post.

Article VII—Charter Members

Section 1. Members who joined this Post prior to November 11, 1919 (or members who joined this Post prior to the issuance of charter) shall be known as charter members.

Note—The matter of charter members for the permanent charter is left to the decision of the Post members.

Article VIII—American Legion Auxiliary

Section 1. This Post recognizes an auxiliary organization to be known as the Auxiliary Unit of (Post Name and Number), The American Legion.

Sec. 2. Membership in the Auxiliary shall be as prescribed by the National Constitution of the American Legion Auxiliary.
Article IX—Amendments

Section 1. This Constitution is adopted subject to the provisions of the national Constitution of The American Legion and of the Department Constitution of the Department of .............., The American Legion. Any amendment to said National Constitution or Department Constitution which is in conflict with any provisions hereof shall be regarded as automatically repealing or modifying the provisions of this Constitution to the extent of such conflict.

Sec. 2. This Constitution may be amended at any regular Post meeting by vote of two-thirds of the members of said Post attending such regular meeting, providing the proposed amendment shall have been submitted in writing and read at the next preceding regular meeting of said Post, and providing, further, written notice shall have been given to all members at least ............. days in advance of the date when such amendment is to be voted upon, notifying said members that at such meeting a proposal to amend the Constitution is to be voted upon.

Suggested Form Of Post By-Laws

Article I

Section 1. The Post existing under these By-Laws is to be known as (Post Name and Number), The American Legion, Department of ..............

Sec. 2. The objects of this Post are as set forth in the Constitution.

Article II—Management

Section 1. The government and management of the Post is entrusted to an Executive Committee of .............. members, to be known as the “Executive Committee.”

Sec. 2. The Executive Committee shall consist of .............. members in addition to the officers of the Post and together with the other officers of this Post shall be elected annually on .............. and take office at the meeting next following that of the election. All elections of officers and executive committee members shall be by ballot and the candidate or candidates receiving the highest number of votes shall be elected to the respective office or offices for which they are candidates.

Sec. 3. All vacancies existing in the Executive Committee, or in any office of the Post from any cause other than the expiration of the term, shall be filled by a majority vote of the remaining members of the committee, and a person so appointed shall hold office for the unexpired term of the member of the committee or officer who succeeded. A vacancy shall exist when a member or officer is absent from the Post for a continuous period considered detrimental to the interest of the Post by the Executive Committee.

Article III—Post Executive Committee

Section 1. The Post Executive Committee shall meet for organization and such other business as may come before it at the call of the Post commander within 10 days after the installation of the new officers. Thereafter the Post Executive Committee shall meet at the call of the commander at least every ............. and as often as said commander may deem necessary. The commander shall call a meeting of the Post Executive Committee upon the joint written request of three or more members of said Post Executive Committee, .......... members of the committee shall constitute a quorum thereof.

Sec. 2. The Post Executive Committee shall hire such employees as may be necessary; shall authorize and approve all expenditures; shall require adequate bonds from all persons having the custody of Post funds; shall hear the reports of Post committee chairs; and generally, shall have charge of and be responsible for the management of the affairs of this Post.

Article IV—Duties of Officers

Section 1. Duties of Post commander. It shall be the duty of the Post commander to preside at all meetings of the Post and to have general supervision over the business and affairs of the Post, and such officer shall be the chief executive officer of the Post. The Commander shall approve all orders directing the disbursement of funds and shall make an annual report covering the business of the Post for the year, and recommendations
for the ensuing year, which shall be read at the annual meeting and a copy thereof immediately forwarded to
the Department adjutant. The Commander shall perform such other duties as directed by the Post.

Sec. 2. Duties of vice-commander. The vice-commander shall assume and discharge the duties of the office
of commander in the absence or disability of, or when called upon by the Post commander.

Sec. 3. Duties of Post adjutant. The adjutant shall have charge of and keep a full and correct record of all
proceedings of all meetings, keep such records as the Department and National Organizations may require,
render reports of membership annually or when called upon at a meeting, and under direction of the
commander handle all correspondence of the Post.

Sec. 4. Duties of the finance officer. The finance officer of the Post shall have charge of all finances and see
that they are safely deposited in some local bank or banks and shall report once a month to the Executive
Committee the condition of the finances of the Post, with such recommendations as may deem expedient or
necessary for raising funds with which to carry on the activities of the Post. The Finance Officer shall sign all
checks disbursing the monies of the Post, and shall furnish such surety bonds in such sum as shall be fixed by
the Post Executive Committee.

Sec. 5. Duties of Post historian. The Post historian shall be charged with the individual records and incidents
of the Post and Post members, and shall perform such other duties as may properly pertain to the office as may
be determined by the Post or the Executive Committee.

Sec. 6. Duties of Post chaplain. The Post chaplain shall be charged with the spiritual welfare of the Post
comrades and will offer divine but nonsectarian service in the event of dedications, funerals, public functions,
etc., adhere to such ceremonial rituals as are recommended by the national or Department headquarters from
time to time.

Sec. 7. Duties of sergeant-at-arms. The sergeant-at-arms shall preserve order at meetings and shall
perform such other duties as may be from time to time assigned by the Post Executive Committee.

Article V—Delegates

Section 1. Delegates and alternates to a Department convention shall be elected by ballot by the Post at a
regular meeting of the Post to be held at least 20 days prior to the date of such convention.

Article VI—Appointments

Section 1. The Post commander, immediately upon taking office each year, shall appoint the following
standing committees: Americanism, Ceremonials, Children and Youth, Economic, Finance, Foreign Relations,
Graves Registration and Memorial, House and Entertainment, Legislative, Membership, Public Relations,
Veterans Affairs and Rehabilitation, National Security, Sons of The American Legion and Visiting or VAVS. Such
standing committees shall consist of such members, and the chair thereof, as shall be designated by the Post
commander.

Sec. 2. Americanism Committee. The Americanism Committee shall be charged with the inspiration of
patriotism and good citizenship by arrangements for proper observance of patriotic occasions; encouragement
of patriotic and civic phases of instruction in schools; Americanization of aliens; combating anti-American
propaganda by education of the general public in American ideals through public forums, etc., and activities
for community and civic betterment.

Sec. 3. Ceremonials Committee. The principal duty of the Ceremonials Committee is to insure all new
members are properly initiated. The committee also concerns itself with proper presentation of other rituals
outlined in the Manual of Ceremonies—burial detail and the wearing of Legion regalia.

Sec. 4. Children and Youth Committee. Shall be charged with aid and service to children of veterans,
cooperating with other established agencies in the community; laboring for the betterment of child conditions
and in coordinating services and agencies in the community for the above purposes. To act as intermediary
for the needy child of a veteran in obtaining the fulfillment of the Legion’s pledge that “no child of a war veteran
shall be in need of the necessities of life” and “a square deal for every child.”

Sec. 5. Economic Committee. The Post Economic Committee is primarily concerned with local employment
programs, Veterans preference, government employment and re-employment rights.

Sec. 6. Finance Committee. The Finance Committee shall be charged with the administration of the financial
policy, preparation of budget recommendations and supervision of receiving, disbursing and accounting of all
Post funds.
Sec. 7. Foreign Relations. This committee has become active as America has recognized its responsibility as a world leader. Maintaining and securing world peace and friendship abroad through community endeavors have become as essential as any aspect of treaty law.

Sec. 8. Graves Registration and Memorial Committee. The duties of this committee involve recording of grave sites and complete information on veterans burial in cemeteries assigned to the Post. Special assistance can be given the service officer in providing flags, headstones or proper interment in national cemeteries.

Sec. 9. House and Entertainment Committee. The House and Entertainment quarters promotion of club advantages and arrangement for social activities.

Sec. 10. Legislative Committee. The Legislative Committee needs to have a knowledge of what is going on in Congress—what we favor or oppose, and should be ready to initiate action in support of our position when requested by the national or Department organization.

Sec. 11. Membership Committee. The Membership Committee shall have charge of all matters pertaining to the membership of the Post, including the procuring of new members, reinstatements and eligibility of members.

Sec. 12. Public Relations Committee. The Public Relations Committee shall be charged with the promotion of public support of the Legion’s program by the establishment of proper contact with The American Legion Magazine, Department and national Legion news service and by local publicity of Post programs and activities.

Sec. 13. Veterans Affairs and Rehabilitation Committee. The Veterans Affairs and Rehabilitation committee shall supervise all matters pertaining to service to comrades in the prosecution of all just claims against the United States or state government, employment, relief, etc.

Sec. 14. Security Committee. The Security Committee shall work with and coordinate Legion efforts with the Local Civil Defense Council on matters pertaining to national, civilian and home defenses. It shall assist the armed forces of the United States in recruiting efforts and in every way be active in community activities for the defense of the nation and the security of the American home.

Sec. 15. Sons of The American Legion Committee. This committee shall have supervision over the operations of the Post’s squadron of the Sons of The American Legion.

Sec. 16. Visiting or VAVS Committee. This committee is charged with visiting and comforting members and their families when sick or bereaved, and with visiting ex-service personnel in hospitals.

Article VII—Resolutions

Section 1. All resolutions of state or national scope presented to this Post by a member or reported to this Post by a committee shall merely embody the opinion of this Post on the subject and copy of same shall be forwarded to the Department headquarters for its approval before any publicity is given or action other than mere passage by the Post is taken.

Article VIII—Meetings

Section 1. The regular meeting of the Post shall be held at the club rooms on ............, at which may be transacted such business as may properly be brought up for action; such meetings may be converted into entertainment meetings, as may be deemed advisable by the officers of the Post.

Sec. 2. The Post commander or a majority of the Executive Committee shall have power to call a special meeting of the Post at any time.

Sec. 3. Upon the written request of ............... members, the committee shall call a special meeting of the Post.

Sec. 4. .............. members shall constitute a quorum.

Article IX—Notices

Section 1. Every member shall furnish the Post adjutant with an address for mailing.

Sec. 2. The Post adjutant shall cause notice of the annual election to be given at least two weeks prior thereto.

Article X—Rules of Order

Section 1. All proceedings of this Post shall be conducted under and pursuant to Roberts’ Rules of Order, except as herein otherwise provided.
Article XI—Limitations of Liabilities

Section 1. The Post shall incur, or cause to be incurred, no liability nor obligation whatever which shall subject to liability any other Post, subdivision, members of The American Legion, or other individuals, corporations or organizations.

Article XII—Amendments

Section 1. These By-Laws may be amended at any regular Post meeting by a vote of two-thirds of the members of said Post attending such regular meeting: Provided That the proposed amendment shall have been submitted in writing and read at the next preceding regular meeting of said Post: and, Provided, Further, That written notice shall have been given to all members at least .......... days in advance of the date when such amendment is to be voted upon, notifying said members that at such meeting a proposal to amend the By-Laws is to be voted upon.