

# COUNTY LEADERSHIP REPORT FORM

**2024-2025**

**REPORTING DATES:**     **November 10, 2024**     **April 10, 2025**

County Name \_\_\_\_\_ District \_\_\_\_\_

County Leadership Chairman's Name \_\_\_\_\_

Chairman's Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **County does not have a Leadership Chairman**

Number of Leadership Training Sessions held by: Unit Level \_\_\_\_\_ County Level \_\_\_\_\_

What topics were covered in these training sessions?

\_\_\_\_\_

Number of training sessions held on "nurturing a culture of good will":  
on the Unit level \_\_\_\_\_ on the County level \_\_\_\_\_

Was Leadership material from the Department Website used? \_\_\_\_\_

By # of Units? \_\_\_\_\_ By your County? \_\_\_\_\_

Number of Senior members that completed the ALA Senior Academy Courses. \_\_\_\_\_  
**(LIST MEMBER NAMES, UNIT AND COURSES NAMES ON BACK OF THIS FORM)**

Number of Junior members that completed the Junior Leadership Course \_\_\_\_\_  
**(LIST NAMES AND UNIT # ON BACK OF THIS FORM)**

Number of Senior members who attended Mission Training \_\_\_\_\_  
**(LIST NAMES AND UNIT # ON BACK OF THIS FORM)**

Number of Junior members who attended the National Junior Meeting \_\_\_\_\_  
**(LIST NAMES AND UNIT # ON BACK OF THIS FORM)**

Are your units and county promoting "Unit Member of the Year" \_\_\_\_\_ yes \_\_\_\_\_ no

**Impact Numbers**

**4. Our Service Representing the ALA in Our Community**

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

**Send a copy of the County Report to the Department Leadership Chairman**  
**Sheila Holman**  
**3 Thompson View**  
**Malta, NY 12020**  
**C : 518-937-0277**  
[nyalaleadership@gmail.com](mailto:nyalaleadership@gmail.com)      **Keep a copy for your records**

