

DISTRICT COMMANDER POST VISITATION REPORT

(Please note: you are required to visit each post in your district at least once a year)

Name: _____ Date: _____ Post: _____ District: _____
Explain Reason for Visit: _____

MEMBERSHIP AND POST ACTIVITIES

How many members last year: _____ How many current members: _____
Number of new members this year: _____ Active membership committee: *Yes/No*
Number of new members installed annually: _____ Lapel pins given: *Yes/No*
Officers elected annually: *Yes/No* All offices filled: *Yes/No* Officers installed annually: *Yes/No*
Meetings held regularly: *Yes/No* (Dates when meetings are held) _____
Meetings run according to National Post Officer's Guide: *Yes/No* # of SAL Squadron members: _____
of Auxiliary Members: _____ # of Legion Rider Members: _____
Post is an asset to the community: *Yes/No* (Explain) _____
List family activities: _____
List programs which aid Veterans: _____
List community activities post is used for: _____
Has certified Service Officer: *Yes/No* Name & Date of certified: _____
Uses Post Officers Guide: *Yes/No* Uses Post Administrative Manual: *Yes/No*
Date of *Legion Link* Posted on Bulletin Board: _____
Has Liability Insurance: *Yes/No*
Post Incorporated Status Active: *Yes/No* (verify on www.sunbiz.org) Date of last annual filing: _____
IRS Form 990 Filed Annually: *Yes/No* Year last 990's filed: _____
Dept approval date of Constitution & By-Laws: _____ Posted on Bulletin Board: *Yes/No*

Please attach a copy of the following documents upon submission of your report:

*Constitution & By-Laws Sales Tax Certification Florida Incorporation Annual Report Filing
Previous Year's 990s filed with the IRS*

PROGRAMS

Post has a Chair and participates in the following programs: (*Yes or No*)
Americanism: _____ Boys State: _____ Boy Scouts: _____ Legion Baseball: _____
Oratorical: _____ School Medals: _____ Shooting Sports: _____ Children & Youth: _____
Special Olympics: _____ ROTC: _____ Law & Order: _____ Blood Donor: _____
Membership: _____ Disaster Preparedness: _____ VA & R: _____
Vet Employment: _____ VA Hospital: _____ Legion Riders: _____
Please attach improvement plans for programs not being utilized.

COMMUNITY SERVICE & ACTIVITIES

Post involved in: (*Yes or No*) Flag Day: _____ Veterans Day: _____ Memorial Day: _____ July 4th: _____
Get Out the Vote: _____ Legion Birthday: _____ Four Chaplains Sunday: _____
American Education Week: _____ Community Service Projects: _____ Educational Scholarships: _____
Post has Color Guard: _____ Post participates in Burial Services for Veterans: _____

If you have any questions or concerns, please attach them to this form.

Verify: Post Commander _____ Date _____
District Commander _____ Date _____