



**SONS OF THE AMERICAN LEGION
TEN IDEAL PROGRAM
EXAMINATION**



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TEN IDEAL PROGRAM
EXAMINATION**

Date: _____
(Month) (Day) (Year)

Name: _____
(First Name) (M I) (Last Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number / with Area Code: (_____) _____

Cell Phone Number / with Area Code: (_____) _____

Squadron Name and Number: _____

District _____ Parish Name: _____

Detachment: _____

Sons of The American Legion Membership Number: _____

Have you ever taken the Sons of the American Legion Ten Ideal Program Examination: _____

(a.) If yes please give date and place you took the S.A.L. Ten Ideal Program Examination? _____

I _____, as a member of The Sons of The American Legion, will follow all rules and guidelines of the Sons of the American Legion Ten Ideal Program Examination and I will honestly answer all questions.



Signature - Squadron Member

Signature – Squadron Commander or Legion Advisor

(Date)

(Date)

Section 5: (Honor)

(1.) Have you honorable service your squadron for over period of six month shall qualify you this award. Honesty of action and purpose, and truthfulness will help you achieve this. _____

Section 6: (Faith)

(1.) Have you had good conduct for last six month? _____

(2.) Have you had shown leadership for last six months? _____

If yes, how did you show leadership? _____

(3.) Have you obeyed all instructions given to you for last six month? _____

Section 7: (Helpfulness)

(1.) How would you get squadron members to attend a squadron meeting?

(2.) How would you get squadron members to attend a squadron function?

(3.) Have you volunteered for a squadron function this year? _____

If yes, please name two squadron functions, date, and place of the squadron functions. _____

Section 8: (Courtesy)

- (1.) Have you been respectful to your family? _____
- (2.) Have you been respectful to your S.A.L. members? _____
- (3.) Have you been respectful to the Legionnaires? _____
- (4.) Have you been respectful to the American Legion Auxiliary members? _____

Section 9: (Reverence)

- (1.) Do you attend church? _____
- (2.) When last time you attend church please give date and name of Church? _____
- (3.) Have you placed a grave marker for Legionnaires? _____
If yes, please give, date, and place? _____
- (4.) Have you placed a grave marker for a S.A.L. member? _____
If yes, please give the name of the S.A.L. member and the date and place. _____

Section 10: (Comradeship)

- (1.) Have you ever helped with the poppy sale? _____
If yes please give date and place of poppy sale? _____

- (2.) Have you ever helped a disabled veteran? _____
If yes, please give name of the disabled veteran, date and place you helped a disabled veteran. _____

- (3.) Have you visited disabled veterans in a hospital or home? _____
If yes, please give date, place and hospital or home. _____

_____ Sections complete on The Sons of The American Legion Ten Ideal Program Examination.

_____ Sections incomplete on The Sons of The American Legion Ten Ideal Program Examination.

(Check one)

Pass Failed Sons of the American Legion Ten Ideal Program Examination



(Signature Squadron Commander or Legion post advisor)

(Date)