



Junior Girls Unit Inspection Report

Junior Girls Unit to _____ No. _____
Auxiliary Name

Department of _____ Location _____
Name City

Unit President _____
Name Address City State Zip

Auxiliary Junior Girls Unit Chairman _____
Name

Date of meeting _____ Time _____

Membership to date _____ Previous year's membership _____

Number of members present _____ Does Unit do floor work? _____

Are meetings conducted in accordance with Ritual? _____ Are Officers familiar with their part of
the ritual? _____ Does Unit have the latest edition of the Rules, Regulations and Ritual ? _____

Are all offices filled? _____ Does the Unit comply with Department bulletins? _____

How does the Unit raise money _____

How much are the dues? _____ Are the books audited quarterly? _____

Are the books signed by Trustees? _____

Date of last audit _____ Balance in Junior Girls Unit fund _____

Does the Unit do volunteer work at a hospital or nursing home? _____

In which Auxiliary programs does the Unit assist the Auxiliary:

How much financial aid did the Auxiliary give the Unit in the last year? _____

Number of members eligible for Junior Girls scholarships? _____

Number of members applying for Junior Girls Scholarships? _____

Additional Remarks: _____

Date of last inspection _____ Date of this inspection _____

Signed: _____
Name and Title of Inspecting Officer

Mail Copies to: National Secretary
National Youth Activities Director
Department President
Department Youth Activities Chairman
Auxiliary President
Auxiliary Youth Activities Chairman