



Veterans of Foreign Wars 2024-2025 Program Chairperson Appointments

Post # _____ City: _____
or Report for the District # _____

Attn: Anna Arnold
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Following are the **Program Chairperson Appointments** for the listed Committees for **2024-2025** year as required by the Department of South Dakota VFW:

Americanism:

(Flags, Honor Guard, Voting, Memorial/
Veterans/Loyalty Day, POW/MIA, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Memorial Day Program:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Veterans Day Program:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Loyalty Day Program:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Buddy Poppy:

(Fundraisers, Poppy Displays, Poppy
Use, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Citizenship:

(LE, EMT, Firefighter and Teacher of
the Year, School, Church Events, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

**Law Enforcement of the Year
Award:**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Emergency Med Tech of the Year Award:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Firefighter of the Year Award:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Teacher of the Year Award:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Community Involvement:

(Blood Drive, CPR, Recycling, or Other Community Involvement, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Aid to Others and Relief:

(Hospital/Nursing Volunteers, Seniors, Special Needs, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Cooperation with Other Organizations:

(March of Dimes, Muscular Dystrophy Veteran Organizations, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Safety:

(Drug, Home/Fire, Highway, Hunting, Gun, Pedestrian, Recreational, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

National Home:

(Donations, Memberships, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Youth Activities:

(Scouting, Sports, Baseball, Education, Schools, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Voice of Democracy:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Patriot's Pen:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Guard/Officer of the Day:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Membership & Recruiting Chairman:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Publicity:

(Newspaper/Newsletter, Facebook, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Chief of Staff:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Number: _____

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Please return to Department Office **via email or USPS**
no later than 1 July 2024