

# Moose

*The Family Fraternity*

Women of the Moose

155 South International Drive  
Mooseheart, Illinois 60539-1182

May 2017

Dear Session Leader:

On behalf of the Grand Chancellor, I sincerely thank you for your dedication to the Women of the Moose educational programs. Our training sessions help ensure an understanding of the rules, regulations and guidelines established by the Women of the Moose. The six-hour training sessions provide tools to assist the leaders of Our Family Fraternity in their daily operations. Successful completion of this training helps our chapters qualify for the Award of Achievement. Through your assistance and guidance, co-workers have a better understanding of the Women of the Moose.

Enclosed please find the Training Session Outline and all necessary paperwork to ensure a successful session. The Training Session Report, Hostess Chapter check and Sign-in Sheet(s) shall be returned to Women of the Moose Headquarters for processing. (It is advised that you make copies in the event the originals are lost in the mail.) Please ask the attendees to legibly PRINT their name and ID # on the Sign-In Sheet or ask a member of the Hostess Chapter to assist. Each attendee should also sign her name in the signature column. ID #'s are critical to ensuring attendance is recorded by our office. An Expense Bill with mileage comparison should also be remitted to our office. Please be sure to sign the expense form and enclose a Mapquest or similar comparison to avoid reimbursement delays. (Save your printer ink - we don't need the map – just the mileage) Please note that the Minutes Book Inspection Form is optional. Please photocopy the necessary materials if you are leading more than one session. If requesting reimbursement for copies, please include itemized receipts with your expense bill.

All material covered in the Session Outline shall be presented at your session(s). Please do not simply read the material to our co-workers. Be creative and have fun! Use your personal style and offer “real-life” examples whenever possible. (Remember to maintain the confidentiality of the Chapter name, number and/or co-worker identity when sharing examples.) You may present the materials in any order, so long as all the material is covered. The success of your session(s) will depend greatly upon your presentation of the materials. Some suggestions from the Evaluation Forms included use of a question box and an interactive presentation – an “idea exchange/rap session” among attendees.

The PowerPoint presentation will be forwarded via email. Use of the presentation is optional but encouraged. Moose International will not reimburse for equipment expenses; some associations have projectors available for training purposes. A microphone should be used when available.

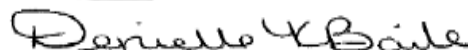
All Co-workers must attend the full six hours of the Training Session to receive credit. If a co-worker leaves early or does not return to the session following a break, do NOT give her credit for attending. Furthermore, a \$10.00 registration fee shall be collected from each member in attendance. Loyal Order of Moose members are welcome to attend. The Hostess Chapter shall issue a Chapter check for the full amount of the registration fees collected. This payment should be remitted with your report within 10 days of the completion of your session.

Make-up sessions may be conducted between November 1, 2017 and January 31, 2018. Forward all make-up requests to the Chapter Analyst Coordinator in your State/Province. Make-up sessions are conducted at the expense of the Chapters/Co-workers in attendance and are held at the convenience of the Session Leader. Should you conduct a make-up session, the \$10 per attendee fee is remitted to WOTM Headquarters with the Sign-in Sheet and Session Report. You should collect your expense reimbursement before you leave.

Acceptable dress for a Session Leader is business attire. Pantsuits or dress slacks are acceptable.

If you have any questions, please feel free to contact me as listed below. Best wishes for a fun and informative Training Session!

Cordially & Fraternaly,



Denielle Baile  
Executive Project Manager

Enclosure

630-859-2000 x6408

[dbaile@mooseintl.org](mailto:dbaile@mooseintl.org)

[www.mooseintl.org](http://www.mooseintl.org)

Return to:

WOMEN OF THE MOOSE  
TRAINING SESSION REPORT  
155 S. INTERNATIONAL DRIVE  
MOOSEHEART, ILLINOIS 60539-1182

\*Also send a copy to the CAC

Type of Session: WOTM Training

Date of Session: \_\_\_\_\_

Location of Session: \_\_\_\_\_

Session Leader: \_\_\_\_\_

Session Leader ID#: \_\_\_\_\_

**Hostess Chapter Name:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Hostess Chapter Number:** \_\_\_\_\_

Please **PRINT** legibly

**SIGN IN SHEET**

CRITICAL for attendance credit  
(omit preceding zeros)

	<b>MEMBER NAME &amp; PHONE #</b>	<b>ID#</b>	<b>TITLE</b>	<b>CHAPTER NAME &amp; #</b>	<b>SIGNATURE</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

# SIGN IN SHEET

Type of Session: WOTM Training

Date of Session: \_\_\_\_\_

Location of Session: \_\_\_\_\_

Session Leader: \_\_\_\_\_

Session Leader ID#: \_\_\_\_\_

Please **PRINT** legibly

CRITICAL for attendance credit  
(omit preceding zeros)

	<b>MEMBER NAME &amp; PHONE #</b>	<b>ID#</b>	<b>TITLE</b>	<b>CHAPTER NAME &amp; #</b>	<b>SIGNATURE</b>
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					



# Women of the Moose Training Session Report



Please Type or Print Legibly

Session Date: \_\_\_\_\_ Session Leader: \_\_\_\_\_ ID# \_\_\_\_\_

Session Location: (Hostess Chapter) \_\_\_\_\_ City, St: \_\_\_\_\_

Total Attendance: \_\_\_\_\_ WOTM: \_\_\_\_\_ LOOM: \_\_\_\_\_

**Please enclose the following items with this report:**

- Attendee Sign-in Sheet (Printed Name, Signature and ID # must be included)
- Hostess Chapter check totaling \$10 per attendee
- Expense Bill and receipts (be sure to include the expense date and sign the expense form)
- Feedback & Evaluation Forms (if received)

1. Were all the materials covered? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_

2. Were the coworkers in attendance attentive and inquisitive? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you feel the coworkers in attendance have a better understanding of the material covered? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Was the PowerPoint Presentation utilized? Yes No If so, was it well received? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_

5. Did the facility support an environment of learning? Yes No  
(Comfort, temperature, roomy, quiet, etc.)

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Are there any changes or recommendations you would like to suggest?

\_\_\_\_\_  
\_\_\_\_\_

Return to: Women of the Moose Headquarters Fax: 630-966-2211  
 Training Session Report Email: dbaile@mooseintl.org  
 155 South International Drive  
 Mooseheart, IL 60539-1182

KEEP A COPY OF THE SIGN IN SHEET(S)  
FOR YOUR RECORDS FOR THREE (3) CHAPTER YEARS



# Women of the Moose Training Session Report



Please Type or Print Legibly

Session Date: \_\_\_\_\_ Session Leader: \_\_\_\_\_ ID# \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Session Location: (Hostess Chapter) \_\_\_\_\_ City, St: \_\_\_\_\_

1. Are there any questions you would like answered or addressed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Volunteer Hostess Chapters for next year  
Chapter Name & #

Point of Contact (Name/Ph.#)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Chapters in need of assistance (OV Visit)  
Chapter Name & #

Brief Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: Chapter Analyst Coordinator of your State/Province

***Thank you for your dedication and service to the Women of the Moose!***

RETURN TO:  
 WOMEN OF THE MOOSE  
 TRAINING SESSION REPORT  
 155 S. INTERNATIONAL DRIVE  
 MOOSEHEART, ILLINOIS 60539-1182

STATE/ASSOCIATION: WOTM Training Session

ASSIGNED BY: Barbara J. McPherson/db

DATE ISSUED: May 2017

**EXPENSE BILL – 6-HOUR TRAINING SESSION  
 SESSION LEADER**

STATE/PROVINCE: \_\_\_\_\_ CITY: \_\_\_\_\_

HOSTESS CHAPTER NAME & NO.: \_\_\_\_\_

SESSION DATE: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(Return this expense bill and report within ten (10) days after Session)

DATES	EXPENSE MUST BE ITEMIZED	AMOUNT
	<p><b>MILEAGE</b> total roundtrip miles _____ @ \$ 0.45 /mile            (attach a "Map Quest" map indicating number of miles from your home to the session location)</p> <p><b>TOLLS</b> - If applicable (attach toll receipts or toll-pass program statement)</p> <p><b><i>The following items require pre-approval from WOTM Headquarters</i></b></p> <p><b>PER DIEM</b> - _____ @ \$30.00 PER NIGHT ( copy of hotel statement must be attached)</p> <p><b>HOTEL</b>            In the event you are not given a complimentary room or your room was not paid for by another source, you will be reimbursed for same by International Headquarters.</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
	<p align="center">ALL ORIGINAL RECEIPTS MUST BE ATTACHED.</p> <p align="right"><b>SUB-TOTAL</b></p> <p align="center"><b>AMOUNT TO BE DONATED TO MOOSE CHARITIES (optional)</b></p> <p>WID # _____ PROJECT: _____</p> <p align="right"><b>TOTAL DUE PAYEE</b></p>	<p>\$</p> <p>\$ (      )</p> <p>\$</p>

\_\_\_\_\_  
 Session Leader Signature

*Signature is REQUIRED for reimbursement*

<p>APPROVED FOR PAYMENT          (For Office Use Only)</p> <p>DATE: _____</p> <p>ACCOUNT #: 03-5346-59</p> <p>SIGNED: _____</p>
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**WOTM Training Session Feedback & Evaluation**

7. Were breaks frequent and often enough? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

8. Was the Session Leader knowledgeable and organized? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

9. Was the Session Leader patient? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

10. Did the Session Leader make the class an enjoyable and a pleasant experience? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

11. Are there any changes or recommendations you would like to suggest?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL INFORMATION**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Chapter Name/No.

\_\_\_\_\_  
Member ID #

\_\_\_\_\_  
Email Address or Phone #

Chapter Name: \_\_\_\_\_ State: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

## Inspection of Chapter Minute Books

Number of months of minutes that were presented for review?	
Are the pre-numbered minute pages being used? If not, what type of page format are they using?	
Are the pre-numbered pages in succession?	
Are the names of candidates and sponsors listed in the minutes?	
Result of the ballot on candidates?	
Are the Board of Officer recommendations and Committee proposals in detail and easy to understand?	
Are the recommendations and proposals individually numbered?	
Were Chapter Policies discussed at Board of Officers meeting?	
Does the report of expenses include: check number, payable to, date, amount, and project/committee name?	
Is each set of minutes signed by the Senior Regent and the Secretary/Treasurer?	All: _____ Some: _____ None: _____
<b>Do you feel an Official Visitor should be assigned to this chapter?</b> <b>Why?</b>	
Additional Comments:	

\_\_\_\_\_  
Session Leader

\_\_\_\_\_  
Email or Phone #

\_\_\_\_\_  
Date of Inspection