

Advocate Debrief Report

**Please answer all questions to the best of your ability and simply write "n/a" when the question isn't applicable.*



Name: _____ Reporting Date: ____ / ____ / ____

EVENT INFORMATION:

Type of Event: Administrative Special Event Advocate Initiated
 Donor Designation Station Speakers Bureau Media Observation

Event Name: _____ Event Date: ____ / ____ / ____

Event Location: _____

Prep Time: ____ hours + Commute Time: ____ hours + Event Time: ____ hours = Total Time: ____ hours

1. Did you feel well prepared to volunteer at this event? Yes No
2. Were you provided with the appropriate resources (updated statistics, display materials, donation literature, etc.) to meet the needs of this event? Yes No
3. Did you have enough resources (fellow advocates, promotional items, etc.) to meet the needs of this event?
 Yes No
4. Was there any remaining undistributed literature or giveaway items? Yes No
** Please Note: remaining undistributed inventory should be counted and logged on the Post Event Material Inventory Form*
5. How many registration forms were distributed, including Donate Life brochures? _____
6. How many registration forms were completed, including Donate Life brochures? _____
7. On a scale of 1 to 10 (1 = poor and 10 = excellent) how do you rate the effectiveness of this event? _____
8. Would you like to participate in an opportunity like this one in the future? Yes No

Any additional comments or suggestions?

Please complete this survey and fax to 303-300-9012 Attn: Heidi Schaiberger or mail to: Donor Alliance, Attn: Heidi Schaiberger, 720 S. Colorado Blvd., Suite 800-N, Denver, CO 80246