*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: Volunteer & Special Events Coordinator or mail to: Donor Alliance, Attn: Volunteer & Special Events Coordinator, 720 S. Colorado Blvd., Suite 800-N, Denver, CO 80246