DONOR ALLIANCE ADVOATES for Life

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:	
Туре с	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. Di	d you feel well prepared to volunteer at this event?
	ere you provided with the appropriate resources (updated statistics, display materials, donation literature, c.) to meet the needs of this event?
3. Di	d you have enough resources (fellow advocates, promotional items, etc.) to meet the needs of this event? Yes No
	as 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. Ho	w many registration forms were distributed, including Donate Life brochures?
6. Ho	w many registration forms were completed, including Donate Life brochures?
	a scale of 1 to 10 (1 = poor and 10 = excellent) how do you rate the effectiveness of this event? \square uld you like to participate in an opportunity like this one in the future? \square Yes \square No
Any additional comments or suggestions?	
8. Wo	uld you like to participate in an opportunity like this one in the future? Yes No

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