

UNITED™

LIVE



Employee/United Way Evaluation of Campaign Event

Please take the time to evaluate the experience. Your comments are important to us. You may fill out a separate form for each campaign event.

Activity Being Evaluated (check one): Speaker Tour Exhibit Other _____

Form Completed by: Employee Campaign Manager (ECM)
 Valley of the Sun United Way Representative

Date of Activity: ____/____/____ Time: _____ AM PM Audience Size: _____

Company Name ECM _____

Valley of the Sun United Way Representative Name & Title _____

Valley of the Sun United Way Agency Speaker & Agency _____

- | | Yes | No | Comment |
|---|---|---|--------------------------------------|
| 1. Did the Agency Speaker arrive on time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Did the Agency Speaker respect time allowed? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. To what extent did you feel the Agency Speaker covered the work of Valley of the Sun United Way? | | | |
| | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low |
| 4. In your opinion, how effective was this activity in educating people about the work of Valley of the Sun United Way? | | | |
| | <input type="checkbox"/> Very Effective | <input type="checkbox"/> Somewhat Effective | <input type="checkbox"/> Ineffective |
| 5. Would you recommend using this Agency Speaker again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Please explain:

6. If anything out of the ordinary occurred to make this event special, please tell us about it.
 Positive Negative

Please explain:

Thank you for taking the time to share your opinion with us. Please email completed form to speakersbureau@vsuw.org within one week of the event.

VISIT VSUW.ORG TO
MAKE A DIFFERENCE.

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