

Outreach Events Form

Hello and welcome to the Outreach Events form. This form is to be completed after the event has finished, and not during.

Please enter your unique Access Code below.

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* -required

Outreach Events Form: Demographic Info

1) Agency Name

2) Date of Service

3) County of Service?

4) 1st Employee Name?

5) 2nd Employee Name? (if applicable)

6) 3rd Employee Name? (if applicable)

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Outreach Events Form: Event Info

7) Was the event hosted by your agency?

- *
 Yes
 No
 Unsure

8) Was your outreach done as part of a larger event (i.e. farmer's market, ethnic/cultural fair or celebration)?

- *
 Yes
 No

9) If you answered yes to question 8, how would you describe the primary theme of the larger event?

- *
 Food Insecurity
 Ethnic/cultural celebration
 Spiritual
 Fitness
 Mental Health Fair (Health Fairs)
 Community Resources
 Other
 N/A

10) Where was this event held? (Select one)

- *
 Your agency
 Other private facility
 Public facility (i.e. library)
 Park
 School or college
 Religious building (i.e. church, mosque, synagogue, etc)
 Online/virtual
 Food bank
 Farmer's Market
 Direct Individual Outreach
 Social Media
 Substance Use Recovery Program

Other (if none of the above)

11) Enter an address to add to a map, include the ZIP code. (If virtual, enter NA)

12) What population was the primary focus of the outreach? (Select one)

- *
- General population
 - Specific racial/ethnic group
 - LGBTQ+
 - Children and Youth
 - Young Adults
 - Parents and Caregivers
 - Seniors
 - People in Recovery
 - Veterans
 - Formerly Incarcerated
 - CBO Collaboration
 - Business Collaboration
 - Other

13) Was there a secondary population focus? If so, select one below.

- General population
- Specific racial/ethnic group
- LGBTQ+
- Children and Youth
- Young Adults
- Parents and Caregivers
- Seniors
- Recovery
- Veterans
- Formerly Incarcerated
- CBO Collaboration
- Business Collaboration
- Other

14) What was the primary subject of the material you presented/handed out? (Select one)

- *
- CalHOPE/Availability of Free Counseling Services
 - Community Resources and Support services

- Parenting/Caregiving Issues
- Domestic abuse
- Mutual support/ building social network(s)
- Participating in community action
- LGBTQ+ Issues and Concerns
- Immigrant/Refugees Concerns
- Concerns of specific racial/ethnic group
- Recovery Focused
- Mental Health Awareness
- Other

15) Was there a secondary subject of your material? If so, please select one below.

- Availability of Free Counseling Services
- Community Resources and Support services
- Parenting/Caregiving Issues
- Domestic abuse
- Mutual support/ building social network(s)
- Participating in community action
- LGBTQ+ Issues and Concerns
- Immigrant/Refugees Concerns
- Concerns of specific racial/ethnic group
- Recovery Focused
- Other

16) Approximately how many people attended the larger event? (Select one)

- * 0-15
- 16-30
- 31-50
- Over 50
- NA, Material/Resources left

17) Approximately how many people did you “touch” with your information? (i.e. if you did a presentation, how many were in attendance?; number of flyers handed out?)

- * 0-10
- 11-20
- 21-30
- Over 30
- NA, Material/Resources left

18) Did you provide counseling/support and/or assistance to locate resources and other support services at the outreach event?

*

- Yes
- No
- Unsure

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Outreach Events Form: Success Stories, Flyers and Photos

You may use the space below to describe this event if it was particularly memorable. You are not required to fill out this section of the form.

Rich text editor toolbar with icons for: Bold (B), Underline (U), Strikethrough, Font color (Times), Text color (A), Bulleted list, Numbered list, Indent, Table, Link, Image, Video, Undo, Source code, and Help.

You may upload up to five (5) images or attachments below. (5 Mb Maximum File Size)

<input type="button" value="Choose File"/> No file chosen	Attachment #1 (Optional)
<input type="button" value="Choose File"/> No file chosen	Attachment #2 (Optional)
<input type="button" value="Choose File"/> No file chosen	Attachment #3 (Optional)
<input type="button" value="Choose File"/> No file chosen	Attachment #4 (Optional)
<input type="button" value="Choose File"/> No file chosen	Attachment #5 (Optional)

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