



ZUO Program Chair Events Report

Report Date: _____ **Activity Date:** _____

Committee: _____

Location: _____

Partners _____

Activity Description

Program or Event Chairman Completing Form:

ZUO Program Chair Events Data Report

1. Total Volunteer Hours

Number of Hours of Event: _____ Number of persons attending: _____
Number of Sorors Participating: _____ Number of Sorors Volunteer Hours: _____
Number of Non-Sorors Participating: _____ Number of Non -Soror Volunteer Hours: _____

2. Those Served

Count of persons served: _____ Number of items donated : _____

3. Communication:

Did the activity receive media attention? Yes _____ No _____

If yes, list the source (example, Newspaper, Radio, TV, Facebook, and Website)

Were materials distributed during the activity? Yes _____ No _____

If yes, list the materials:

4. Evaluation

Did the **chapter** evaluate this project/activity? Yes _____ No _____ Date _____.
Exceeded Expectations _____, Met Expectations _____, Below Expectations _____.

Did the **participants** evaluate the activity? Yes _____ No _____

Exceeded Expectations _____, Met Expectations _____, Below Expectations _____.

Comments: _____

5. Funding

Chapter's monetary contribution: \$ _____

Was outside funding or grants received? Yes _____ No _____ If yes, total amount received \$ _____

Source of outside funding: _____

Was there any in-kind contributions? Yes _____ No _____

If yes, list type & source: _____

Other Comments or Information regarding the activity:

Program/Event Chairman completing form: _____

Include/Attach printed materials distributed, copies of any newspaper articles, press, and copies of any surveys and/or survey results