

Thank you for hosting an emergency preparedness event! Please complete and return to the Governor's Office of Community Service:

Governor's Office of Community Service
PO BOX 200801
Helena, Montana 59620-0801
Phone: 406-444-1718
Email: serve@mt.gov

Emailed and mailed submissions are acceptable (email preferred)

Event Information

Event Name	
Organization	
Venue	
Location (City, County, State and Zip)	
Date & Time	
Trainer (if applicable)	

Point of Contact

Name	
Organization	
Address (City, County, State and Zip)	
Email	
Phone	
Website	

Event Recap

Event Volunteers	Total Number	Hours Served
Volunteers aged 5-18		
Volunteers aged 19-25		
Volunteers aged 26-54		
Volunteers aged 55+		
TOTAL		

Event Participants	Total Number
Number of participants (non-volunteers)	
Number of Starter Emergency Kits Created	

Event Details

Please indicate the target groups for your event:

- | | |
|---|---|
| <input type="checkbox"/> National Service Members | <input type="checkbox"/> Low-income |
| <input type="checkbox"/> American Indians | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Veterans and military families | <input type="checkbox"/> Youth |
| <input type="checkbox"/> 55+ and Seniors | <input type="checkbox"/> Whole Community |
| <input type="checkbox"/> Other (please describe): | |

Please indicate the training topics to be covered at your event:

- | | |
|---|--|
| <input type="checkbox"/> Map Your Neighborhood | <input type="checkbox"/> First-Responder training |
| <input type="checkbox"/> FireReady | <input type="checkbox"/> National Service member training |
| <input type="checkbox"/> WinterReady | <input type="checkbox"/> Business preparedness |
| <input type="checkbox"/> First-Aid | <input type="checkbox"/> Citizen Emergency Responder Training (CERT) |
| <input type="checkbox"/> Other (please describe): | |

Please list project partners, including involvement of local Disaster Emergency Services:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Event Summary

Please describe the outcomes from the event and any changes in your community and/or among your target population as a result of this event.

Event Reflection

Please describe what was successful about your event and areas for improvement. Will you repeat this event in the future?

Attachments

Please include the following with your final report:

- Event sign-in sheet (include contact information for each participant)
- At least one (1) photo and, if available, a link to video from your event online
- Links to any media pieces: newspaper articles, TV coverage, blogs, etc. (you may also send hard copies of materials)
- A media release for every person shown in your photos or video