

# Outpost Coordinator Survey - 2019 PowWow

(turn in at time of registration)

Name \_\_\_\_\_ Outpost # \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Registration**

- |  | Bad (or disagree)          |                            |                            | Good (or agree)            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> Instructions were clear                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Registration process                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Leaders volunteered to assist with PowWow events | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**Communications**

- |  | Bad (or disagree)            |                               |                             | Good (or agree)            |                            |
|--|------------------------------|-------------------------------|-----------------------------|----------------------------|----------------------------|
| <input type="radio"/> PowWow information on the Web was timely | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>  | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Preferred Method of Communication        | Web <input type="checkbox"/> | Mail <input type="checkbox"/> | FB <input type="checkbox"/> | Other _____                |                            |
| <input type="radio"/> Receive district e-mail correspondence   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>  | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
- e-mail Address: \_\_\_\_\_

**Attendance Impact** (Rate if this had a negative impact on attendance)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="radio"/> Family Vacations                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Cost                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Boys / Commanders not interested | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Location                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Suggestions \_\_\_\_\_

**Training**

- |   | No (or disagree)           |                            |                            | Yes (or agree)             |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> Need Leader Training (Basics, Essentials)             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Need Leader Training (WCO)                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Would send leaders to National Camps if offered in TN | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> Need info on Junior Leader Training                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <input type="radio"/> I am Interested in Instructor Certification           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Training Suggestions: \_\_\_\_\_

**Missions**

- |  |                                   |                                       |  |
|--|-----------------------------------|---------------------------------------|--|
| <input type="radio"/> Interested in attending Missions Trip in 2019 - 2020 | In state <input type="checkbox"/> | Out of State <input type="checkbox"/> | Overseas <input type="checkbox"/>  |
| <input type="radio"/> Need info for BGMC partnership w/ TN Pathfinders     | 1 <input type="checkbox"/>        | 2 <input type="checkbox"/>            | 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_