



AMERICAN CANCER SOCIETY RELAY FOR LIFE

Celebrate.

Remember.

Fight Back.

## **RELAY FOR LIFE POST-EVENT SURVEY**

### ***SECTION 1 – PERSONAL INFORMATION (OPTIONAL)***

PARTICIPANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE CATEGORY:

☐ Under 18

☐ 40 – 54

☐ 18 – 29

☐ 55 – 65

☐ 30 – 39

☐ Over 65

GENDER:

☐ Male

☐ Female

RACE/ETHNICITY:

☐ Caucasian

☐ Hispanic/Latino

☐ African-American

☐ Native American

☐ Asian/Pacific Islander

☐ Other \_\_\_\_\_

### ***SECTION 2 – GENERAL INFORMATION***

1. Would you like more information regarding ACS programs and services?

☐ YES (**Please fill out Section 1**)

☐ NO

2. Would you be interested in being a Team Captain next year?

☐ YES (**Please fill out Section 1**)

☐ NO

3. Would you like information on serving as a committee member for 2013 Seminole Relay For Life?

☐ YES (**Please fill out Section 1**)

☐ NO

4. How many years have you participated in Relay For Life? \_\_\_\_\_

5. Please indicate your role at 2012 Relay For Life of Seminole: **(Check all that apply)**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Team Captain     | <input type="checkbox"/> Supporter   |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Participant |
| <input type="checkbox"/> Event Volunteer  | <input type="checkbox"/> Survivor    |
| <input type="checkbox"/> Visitor          | <input type="checkbox"/> Other _____ |

6. How did you hear about 2012 Relay For Life of Seminole? **(Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Newspaper - _____       |
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Pre-Event Signage       |
| <input type="checkbox"/> Coworker      | <input type="checkbox"/> American Cancer Society |
| <input type="checkbox"/> TV - _____    | <input type="checkbox"/> Medical Professional    |
| <input type="checkbox"/> Radio - _____ | <input type="checkbox"/> Other _____             |

7. Which of the following describes you? **(Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> I am a cancer survivor           | <input type="checkbox"/> I am/was a caregiver               |
| <input type="checkbox"/> I know someone touched by cancer | <input type="checkbox"/> I support the fight against cancer |
| <input type="checkbox"/> I lost someone to cancer         | <input type="checkbox"/> I am involved through my work      |

8. Did you use the Relay For Life online fundraising tools?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

If YES, were they helpful? \_\_\_\_\_

If NO, why? \_\_\_\_\_

9. Did you attend Team Captain Meetings?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

10. If NO, Why? \_\_\_\_\_

11. If YES, check the item(s) you received at the meetings you attended?

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising Ideas | <input type="checkbox"/> Online Fundraising Information         |
| <input type="checkbox"/> ACS Education     | <input type="checkbox"/> Flyers and Brochures on Relay For Life |
| <input type="checkbox"/> Motivation        | <input type="checkbox"/> Day of Event Information               |

12. How would you improve on the Team Captain Meetings? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Did you receive email communications regarding Relay For Life of Seminole?

☐ YES

☐ NO

14. If YES, approximately how many did you receive? \_\_\_\_\_

15. If NO, did you provide your email address when you registered online?

☐ YES

☐ NO

16. I feel the amount of emails I received was:

☐ Too many

☐ Just enough

☐ Too Few

17. Did you thoroughly read all the emails you received?

☐ YES

☐ NO

18. Did the emails you received and read have valuable information regarding the Relay For Life of Seminole event and team fundraisers?

☐ YES

☐ NO

Please provide any comments you would like to make regarding this section: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***SECTION 3 – EVENT INFORMATION***

1. At which Relay For Life event did you participate: \_\_\_\_\_

2. Did you like the Relay For Life event location:

☐ YES

☐ NO

☐ NO, I WOULD LIKE TO SUGGEST (insert name of venue) \_\_\_\_\_

2. How likely are you to participate in 2013 Relay For Life of Seminole?

☐ YES, SIGN ME UP NOW!

☐ MAYBE

☐ NO (PLEASE SPECIFY WHY) \_\_\_\_\_

3. Please indicate what you enjoy most about participating in Relay For Life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What was your favorite part of 2012 Relay for Life of Seminole and why? \_\_\_\_\_

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5. What was your least favorite part of 2012 Relay for Life of Seminole and why? \_\_\_\_\_

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6. What could be done to improve on Relay For Life of Seminole for 2013? \_\_\_\_\_

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7. Please rate the following: (5=Excellent – 3=Average – 1=Poor)

	1	2	3	4	5	NA
Event Organization						
Registration Process						
Kindness of Staff						
Kindness of Committee						
Location of Event						
On Site Facilities						
Entertainment						
Community Involvement						

Please provide any comments you would like to make regarding this section: \_\_\_\_\_

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Thank you for your honest responses. This will help the Relay For Life Planning Committee in their efforts to provide a successful and fun Relay For Life event.