

SWAG Report Form

Team name _____ Number of Students Participating _____

Number of Volunteer Hours _____ Phone number _____

Name of Person Submitting Report Form _____

After completing a requirement, please fill out the appropriate number of activities in each category on the report form and send to your **local outreach coordinator**. In order for your team to be considered for prizes you should complete all activities and submit report forms to your **outreach coordinator** by December 1, 2011. **Please contact your local outreach coordinator for any questions.**

Category I: Must complete one activity for reporting

1. Contacted State Representative Name _____ Date _____

Brief statement of what was discussed and if you have a response

2. Contacted State Senator Name _____ Date _____

Brief statement of what was discussed and if you had a response

3. Peer presentation _____ Number of people present _____

Give brief statement of what was discussed and if you have a response

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4. Presentation to local coalition or community group Name _____
number of people present _____

Brief statement of about what was discussed and the response of the audience

5. Presentation to the School, Park board, City Council, or local business in your community about the benefits of a smoke-free policy

Presented to _____ Date _____

Give a brief statement on what you presented and how they responded

Are they going to move forward on a comprehensive written policy? Circle Yes or No.
If they passed a policy we need to get a copy of the policy.

Category II: Must complete two activities for reporting

1. Create educational messages that are aired on T.V./radio/or newspaper
(circle answer)

Station name _____ **Staff needs to contact station and get audience reached, total population and Frequency for TIES reports.**

Brief statement of what the ad was about

2. Hosted a public awareness event to educate the community about going smoke-free

Name of public awareness event _____ Number of people attended _____

Briefly describe your public awareness event you hosted along with audience reaction

3. Collect 3 testimonials on how smoking has impacted people in your community

List the names of the three testimonials and give a brief statement of what they said, or you can just submit their testimonials

4. Share testimonials at a public event

Name of event you Shared testimonials _____ number of people present _____

Briefly statement on the event and what the audience reaction was

5. List the names of the 10 signatures of community members that support Smoke free efforts (or send a copy of the instrument with their names and signatures)

6. List name of the community organization or coalition, along with contact information of the leader, that supports your smoke free efforts

Organization Name _____

Contact person's Name _____ Phone
Number _____

Category III: Must complete three activities for reporting

1. Name of local newspaper _____

Date Press release was submitted _____ Date press release
ran _____

2. Date of set regular meetings _____

Name(s) of friends recruited

3. Name of the paper you submitted the letter to the editor _____
Date you submitted _____ Date it
appeared _____

A copy or short overview of what your letter to the editor was about or submit the
actual letter

4. Date you joined Tobacco Free Missouri _____

5. Name of local business owner(s) _____ Did they sign
a tobacco free policy yes or no. **If yes we need a copy of the policy.**

Briefly state what was discussed and his/her reactions to going smoke-free

6. Submit a copy of the fact sheet on the dangers of second-hand smoke

7. Date you posted your message on Face book or Twitter _____

Number of people your message went out to _____ Post Number (you must post 5 times for this activity to be completed) _____

Brief description or the actual post you submitted

8. Post a video on You Tube and share with your friends the benefits of a smoke-free community

You tube link you posted _____ Date it was posted _____

Number of hits _____

