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
   ____________________________________________________________________________
   ____________________________________________________________________________
   
  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 Facebook 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 YouTube and share with your friends the benefits of a smoke-free community

YouTube link you posted
Date it was posted
Number of hits