

2014 Ambassador Evaluation Form



Thank you for participating in The Aliveness Project's 20th annual Dining Out for Life® event!

We want to hear how Dining Out for Life® was from *your* perspective. Please complete this survey here or online www.aliveness.org/wonderland

Restaurant Name:	Meal Time: B L D
YOUR NAME:	
YOUR EMPLOYER (please)	
1. Do you believe that the training prepared you for your ambass How well? ☐ Excellent ☐ Good ☐ Did you come to a: ☐ group training? ☐ individu	□ Fair □ Poor
2. How well did you understand the materials to hand out? ☐ E What, if anything, was confusing?	excellent
3. What changes or additions would you make to training, if any	y?
4. What experience(s) did you encounter at the event that could	have been covered better in training, if any?
5. Were you able to meet with your restaurant contact prior to Di Why or why not?	ining Out For Life®? Y or N?
6. According to the restaurant management, how busy was your □ Very busy □ Busier than average □ About ave	
7. What percentage of your customers do <i>you</i> think dined out <i>bed</i>	cause of DOL?%
8. Was it helpful to have co-ambassadors? Y or N or	NA ? Why or why not?
9. Were you allowed to go "table-to-table" □, or did you have to	to stay in one location \square ?
10. How helpful & knowledgeable was the restaurant $\underline{\text{manager}}$?	☐ Excellent ☐ Good ☐ Fair ☐ Poor
11. How helpful & knowledgeable were the restaurant <u>staff</u> ?	☐ Excellent ☐ Good ☐ Fair ☐ Poor
12. How well was the restaurant staffed for the event? \square over s	staffed \square about right \square under staffed
13. Would you consider being an ambassador for DOL next year	r? Y or N? Why or why not?
14. Are there any other restaurants that you think would like to be	be a part of DOL next year?
Other comments or stories to share (use back of this sheet, if n	needed):