



NVADG Community Outreach

Check List

Time Done	Action
	Type of Event or Group:
	Name of Contact Person: Phone number(s):
	Date:
	Location:
	Time:
	Type of Presentation: <input type="checkbox"/> Speaker <input type="checkbox"/> Power Point <input type="checkbox"/> Informational Display
	Resources Needed: <ul style="list-style-type: none"> • Lap top computer • Projector • Display Boards • Brochures • Equipment trailer Other:
	Name(s) of volunteer(s) giving the presentation or participating in the event: <ul style="list-style-type: none"> • • • •
	Set-Up
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