



HELPING
HEROES
IN TIMES
OF NEED

After Action Report

Submit completed forms and any photos taken at the event via e-mail, USPS, or Fax to:

TSGLI Ambassador Program
1600 Spearhead Division Av.
Fort Knox, KY 40122
Fax: 502-613-4513
ronald.karcz@conus.army.mil

Ambassador Name: _____

Additional Volunteers that helped with the event: _____

Event Name: _____ Event Date(s): _____

Event Location: _____ Pictures Attached: (Y) (N)

Estimated Attendees: _____ Estimated Volunteer Hours per person: _____

Use the space below to let us know how the event went. Some questions to answer are: How was TSGLI received by the attendees? Was there anything you may have done differently? What went well? What method did you use to present TSGLI information (i.e. table display, claim workshop, briefing)? Would you return to this event or others like it?

Contacts and Future Appointments: (For Ambassador use only: List Contacts made and appointments made through this event and keep them for your records)

1. Contact Name:

Phone number: Phone number: Fax number:

E-mail address:

Appointment/Event Date:

Reason:

2. Contact Name:

Phone number: Phone number: Fax number:

E-mail address:

Appointment/Event Date:

Reason: