

## APPENDIX DD – AFTER ACTION SURVEY FOR ACTIVATION – TEMPLATE

This after action survey was created in Google Forms by the MDRMRC State Program to gather information from volunteers after an activation. Unit Administrators can use this template to develop an after action survey for volunteer evaluation of emergency and public health activations, as well as exercises. Contact the State Program at [mdresponds.health@maryland.gov](mailto:mdresponds.health@maryland.gov) to request an editable copy of the Google Form survey.

# Maryland Responder After Action Survey

The Department of Health, Office of Preparedness and Response, and the Maryland Responds Medical Reserve Corps thank you for your willingness to respond to our call for medical and mental health volunteers during the <<INSERT EVENT NAME>> event. We appreciate your dedication to the Maryland Responds Program and to the citizens of Maryland and hope that you will continue to volunteer with our program.

We value your input and invite you to participate in our after action survey. The purpose of the survey is to collect feedback on your experience during this event and capture and address any comments or concerns you may have.

## Demographics

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1. **First and Last Name**

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2. **Email Address**

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3. **Phone Number**

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4. **What is your profession/occupation?**

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## Activation Notification

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5. **How did you receive the activation notification (call for volunteers)?**

*Check all that apply.*

- Phone
- Email
- Maryland Responds MRC internal message
- Facebook/Twitter
- Other: \_\_\_\_\_

6. **Did you experience any problems receiving the activation notification?**

*Mark only one oval.*

- Yes
- No

**7. How did you reply to the activation notification?**

Mark only one oval.

- Phone
- Email
- Availability Poll (online survey)
- Other: \_\_\_\_\_

**8. Were you contacted by a Maryland Responds MRC representative?**

Check all that apply.

- Yes
- No

**9. Were you scheduled for a volunteer deployment shift?**

Mark only one oval.

- Yes
- No     *Skip to question 17.*

## Deployment

**10. What volunteer position were you assigned?**

Mark only one oval.

- Shelter Medical Lead
- Shelter Mental Health Lead
- Transport Volunteer

**11. Did you receive a deployment packet?**

Mark only one oval.

- Yes
- No

**12. Were instructions clear regarding your assigned role/health station position?**

Mark only one oval.

- Yes
- No

**13. Did you check-in at the start of your state shift and check-out at the end of your shift?**

Mark only one oval.

- Yes
- No

**14. Please provide a brief report on your duties and activities during your deployment.**

(i.e. number of patients treated; number of personnel transported)

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**15. Did you witness or experience anything that was personally disturbing or distressing that you would like to discuss with someone?**

If yes, please specify.

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**16. If you have any questions or comments regarding the overall deployment operation, please enter them here:**

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**Final Comments**

**17. Based on the overall response to the state shelters, please list any aspects of the Maryland Responds MRC program that worked well.**

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**18. Based on the overall response to state shelters, please list any aspects of the Maryland Responds MRC program that need improvement.**

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**19. Please identify any equipment you encountered that you felt you were unfamiliar with/required training on.**

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**20. Please identify any organizational groups or roles and responsibilities you were unfamiliar with or required a better understanding of.**

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**21. Please identify any work processes you needed clarification on or needed to be better defined or communicated.**

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**22. Please identify any training specifically related to this event that you feel would have made you better prepared or would have contributed to a smoother/more effective deployment.**

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**23. Please list any forms or documents you were asked to complete or sign that could be better written, explained or justified.**

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**24. Please list any expectations that the sponsoring organization had of you or your profession that you felt you were unprepared to meet.**

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**25. If you have any questions or comments that have not been addressed through this survey, please enter them here:**

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