

PENNSYLVANIA DECA AMBASSADOR PROGRAM

OBJECTIVES:

- TO GAIN A PERSPECTIVE OF THE OPERATIONS OF THE BUSINESS/ORGANIZATION
- TO MEET KEY ASSOCIATES AND LEARN MORE ABOUT THEIR CONTRIBUTIONS TO THE BUSINESS/ORGANIZATION
- TO ENHANCE COMMUNICATIONS SKILLS OF THE DECA OFFICER(S) THROUGH NETWORKING OPPORTUNITIES
- TO SHARE INFORMATION ABOUT PENNSYLVANIA DECA AND ITS MISSION WITH THE SHADOWING VISIT MENTOR
- TO LEARN THE HISTORY, GOALS, MISSION AND VISION FOR THE FUTURE OF THE BUSINESS/ORGANIZATION

OUTLINE OF POSSIBLE TOPICS TO COVER:

- HISTORY OF THE COMPANY/ORGANIZATION
- TYPE OF STRUCTURE (SOLE PROPRIETORSHIP, PARTNERSHIP, FRANCHISE, CORPORATION)
- GOALS AND MISSION
- OPERATIONS OF THE BUSINESS (ACCOUNTING, HUMAN RESOURCES, SALES/MARKETING, SUPPORT STAFF)
- VISION FOR THE FUTURE
- EMPLOYMENT OPPORTUNITIES (SHORT AND LONG TERM)
- TRAINING PRACTICES AND PHILOSOPHIES
- MARKETING TECHNIQUES
- APPLICATIONS OF TECHNOLOGY IN THE BUSINESS

BUSINESS VISIT/PRESENTATION DETAILS:

- DECA AMBASSADORS WILL VISIT AS INDIVIDUALS, OR SOMETIMES AS A TEAM
- VISITS/PRESENTATIONS ARE SCHEDULED FOR A MAXIMUM OF TWO HOURS.
- ARRANGEMENTS MUST BE MADE AT LEAST SIX WEEKS IN ADVANCE TO ALLOW SCHOOL PAPERWORK/APPROVALS TO BE COMPLETED.

YES, OUR BUSINESS/ORGANIZATION WOULD LIKE TO PARTICIPATE IN THE PENNSYLVANIA DECA AMBASSADOR PROGRAM.

CONTACT PERSON _____

BUSINESS ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

EMAIL (PLEASE PRINT CLEARLY): _____

DATE(S) PREFERRED: _____ TIME(S) PREFERRED: _____

- **PLEASE RETURN THIS FORM TO YOUR LOCAL DECA CHAPTER ADVISOR**

DECA AMBASSADOR WORKSHEET AND REPORT

OFFICER NAME: _____
BUSINESS/ORGANIZATION: _____
CONTACT: _____
BUSINESS/ORGANIZATION ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL (PRINT CLEARLY!): _____
APPOINTMENT DATE: _____ TIME: _____
WILL YOUR ADVISOR BE ACCOMPANYING YOU? _____

QUESTIONS TO ASK OF THE BUSINESS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

GENERAL COMMENTS? OBSERVATIONS AFTER YOUR VISIT:

OTHER CONTACTS MADE:

FOLLOW-UP THANK YOU TO BE SENT TO: _____

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VISITATION/PRESENTATION SITE _____ EVALUATOR _____

PENNSYLVANIA DECA AMBASSADOR EVALUATION

OBJECTIVES OF THE VISIT:

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1. The time frame per visit was...

2. The advance information about the DECA Ambassadors was...

3. I would suggest the following regarding advance information mailed to business/organizations:

4. I was impressed by...

5. I was not impressed by...

6. The content of the student's presentation was organized, informative and pertinent to our organization. ____yes ____no

7. We would be willing to host another DECA Ambassador program. ___yes ___no

8. Your overall impression/ comments:

Please return this evaluation form to your local DECA Chapter Advisor.