

**LOUISIANA OPERATION LIFESAVER, INC.  
PRE TRAINING PRESENTER QUESTIONNAIRE**

Thank you for your interest in becoming an Operation Lifesaver Certified Presenter. We ask those interested in volunteering, like you, to answer the following questions:

1. Why do you want to become a certified Presenter for Operation Lifesaver?  
\_\_\_\_\_  
\_\_\_\_\_
2. When would you be able to make the presentations?  
\_\_\_\_\_
3. Would your employer support you making the presentations during work hours?  
\_\_\_\_\_
4. Do you enjoy speaking before groups?  
\_\_\_\_\_
5. Where and to whom would you make your first public Operation Lifesaver presentation? You must be able to provide this information in order to receive your Presenter's Guide.  
\_\_\_\_\_  
\_\_\_\_\_
6. Will you be able to attend a full, one-day training class during the week, or would a weekend be more convenient?  
\_\_\_\_\_
7. Will you be able to make at least four (4) Operation Lifesaver presentations each year in order to maintain certification?  
\_\_\_\_\_

An evaluation presentation is required within 90-days of the training class and must be evaluated by an Operation Lifesaver Presenter Trainer.

Please complete this form and return it to:

LA Operation Lifesaver, Inc.  
P.O. Box 66336  
Baton Rouge, LA 70896

Phone: 225.925.6995

Fax: 225.922.0083

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address