

**LOUISIANA OPERATION LIFESAVER
AUTHORIZED VOLUNTEER QUESTIONNAIRE**

1. Why are you interested in becoming a Operation Lifesaver Authorized Volunteer?

2. When would you be able to make presentations? (i.e., daytime, weekdays, evenings or weekends?) _____
3. Will your employer support you making presentations during work hours?
Yes _____ No _____
4. Do you make public speaking presentations of any type? If so, to what types of groups?

5. Where and to whom will you make your first Operation Lifesaver presentation?
You need to know this by the time you become an Authorized Volunteer.

6. Will you be able to attend a 4 hour face-to-face session? Yes _____ No _____
7. Will you be able to make and report to LA OL at least four (4) Operation Lifesaver presentations each year to continue to be an Authorized Volunteer? Yes____ No__
8. Employer _____
9. Occupation _____

Note: Your first public presentation is required within **60-days** of the class and it must be evaluated by an Operation Lifesaver Authorized Volunteer.

THANK YOU FOR YOUR INTEREST IN BECOMING AN OPERATION LIFESAVER AUTHORIZED VOLUNTEER.

Please complete this questionnaire and email, fax or mail to:

Claude Maher

Louisiana Operation Lifesaver
10985 N. Harrell's Ferry Rd.
Baton Rouge, LA 70816

Phone: 225/921-8381

Fax: 504/488-0202

operationlifesaver@la.gov

Printed Name

Signature

Street Address

City, State and Zip Code

Phone Number

E-Mail Address

Date