

Virginia Operation Lifesaver

Presenter's Report



Please complete the following form when you make an Operation Lifesaver presentation and send it to:

Melvin C. Jones Sr., State Coordinator, Virginia Operation Lifesaver
P. O. Box 3046
Petersburg, VA 23805

Presenter	OLI Certification # _____					
Name	_____					
Street Addr	_____					
City	State	Zip	_____			
Phone #	E-Mail	_____				
Status:	On-Duty _____	Volunteer Time	_____			
	Mileage _____	Total Time	_____			
Cost of:	Hotel/Motel \$ _____	Meals	\$ _____			
Audience Type (Check all that apply):	<input type="checkbox"/> General Info	<input type="checkbox"/> Community Group				
<input type="checkbox"/> Pre-School	<input type="checkbox"/> Grade School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School			
<input type="checkbox"/> Display	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Driver's Ed (HS)	<input type="checkbox"/> Emergency/Fire/EMT			
<input type="checkbox"/> Other	<input type="checkbox"/> Judge/Prosecutor	<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> School Bus Driver/Aide			
Audience Profile (Check all that apply):						
Age:	<input type="checkbox"/> under 16	<input type="checkbox"/> 15-25	<input type="checkbox"/> 26-45	<input type="checkbox"/> 46-65	<input type="checkbox"/> over 65	<input type="checkbox"/> mixed (check age grps)
Sex:	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> mixed			
Driver Profile:	<input type="checkbox"/> driver	<input type="checkbox"/> potential driver	<input type="checkbox"/> non-driver	<input type="checkbox"/> mixed		
Group Receiving Presentation:	_____					
Contact Person:	_____					
Location of Presentation:	_____					
Number in attendance:	_____					
Materials & Handouts used:	_____					
Remarks:	_____					

Signed: _____

Date: _____