CERTIFIED TRAINER

NOMINATION

Name of Nominee: _________________________________________________________

District: ________________________________________________________________

Observed at (check):  ____ 1 st Qtr District Meeting  ____ 2 nd Qtr District Meeting
                      ____ 3 rd Qtr District Meeting  ____ District Convention
                      ____ District Training Retreat  ____ Other (List): __________
                      ____ International Convention

List training observed: __________________________________________________
                        __________________________________________________
                        __________________________________________________

Past Training Experience:
                        __________________________________________________
                        __________________________________________________
                        __________________________________________________

Presentation Style (i.e., lecture, interactive, etc):
                        __________________________________________________

List topics he/she is most comfortable teaching:
                        _______________________________   _______________________________
                        _______________________________   _______________________________
                        _______________________________   _______________________________

Other desired qualities:
   Organizational Skills   Ability to Create Change
   Professional demeanor   Computer Literate (PowerPoint, Word, etc.)
   Interpersonal Skills    Problem Solver
   Communication Skills    Conflict Resolution Skills
   Must be familiar with Leadership Development Programs (PGI, Skills Development
                           Modules, New Club Building, Membership, NOW, etc.)

Recommended by: _______________________________ Date: _______________________