

## **Ambassador Questionnaire**

Health Lesson Title	
Ambassador Name	
Training Location (Physical Addre	ess)
City, State, Zip	
Ambassador Email Address	Ambassador Phone Number
Trainee Email Address	Trainee Phone Number
Number of Individuals Trained	
Is additional training scheduled at this location? Y / N	
If Yes, Date of Scheduled Training	
Do you have any comments or feedback?	