



BCOAG COMMUNITY OUTREACH ACTIVITY REQUEST FORM



BCOAG POC:	Cell phone:
Email:	Date Requested:

Requesting Organization:	Organization POC:
POC Phone:	POC Email:

Activity Lead:	Activity Name:
Activity Location:	Activity Date/Time:

Number of volunteers/PHS Officers required: _____ Required Uniform: _____
 Annual Event: ___ Yes ___ No

Information about organization and event goal:

Detailed request/additional information (type of services/activities requested for PHS officer to participate in):

Please indicate the Equipment/Supplies required:

BCOAG Table Cloth

HD Fact Sheets

Other (Specify) _____

Prepare Event announcement for BCOAG Weekly (see weekly BCOAG announcements for guidelines) Date Submitted: _____

1. BCOAG Health Disparity Information Sheets are available at [BCOAG website](#)
2. Activity Leader(s) please provide Officership Briefing before Outreach event to include:
 - *Behaviors in Public View
 - *Appropriate Interactions
3. Bring a camera to take pictures
4. BCOAG Post-Activity Form must be completed and submitted within 2 weeks after activity.

Internal Use Only

Reviewed by:	Date:
---------------------	--------------