BCOAG Community Outreach Activity Leader Form

Activity Leader and Cell Number:

Activity Date:

Activity Organization/POC:

Activity Name:

Activity Location:

Activity Uniform:

USPHS Officers Assigned (use supplement form for additional space):

Rank/Name	PHS #	Cell Phone	Email Address	Initials

☐ Equipment/Supplies Required If so, please indicate items below:

Friendly Reminders:

1. BCOAG Health Disparity Information Sheets are available at BCOAG website (www.bcoag.org)
2. Activity Leader(s) Please Provide Officership Briefing Before Activity
   *Behaviors in Public View
   *Appropriate Interactions
3. Bring a camera to take pictures
4. BCOAG Post-Activity Form needs to be completed and submitted within 2 weeks after activity.