# BCOAG Recruitment Team
# Post-Activity Form

**Activity Leader:**

**OPDIV/DIV:**

**Phone:**

**Email:**

**Date:**

***REMINDER-Please complete and submit this form no later than 2 weeks from date of activity. Submission of the forms occurs after activities on this form have been completed. Thanks.***

**Activity Org:**

**Activity Org POC:**

**Activity Name:**

**Activity Location:**

**Activity Date:**

**Activity Start and End Time:**

**Estimate # of Attendees:**

**Number of PHS Officers Participated:**

☐ BCOAG Health Disparity Fact Sheets used If so, please indicate which ones below:

☐ Other Handouts/Information used If so, please indicate what items below:

Briefly summarize activities performed by PHS Officers and estimate number of personal contacts:

☐ Organization providing Certificate of Appreciation OR ☐ Activity Lead providing Letters of Appreciation

☐ BCOAG Thank You Letter sent to organization

☐ Photos sent to BCOAG Recruitment Chair

## Internal Use Only

| Reviewed by | Date |
|---|---|
| | |