

# BodyGuards Volunteer Program Application

CONTACT INFORMATION		
FIRST NAME		LAST NAME
DATE OF BIRTH (Must be 18 years or older)		CELL PHONE
STREET ADDRESS		SCHOOL/ORGANIZATION
CITY	STATE	PROFESSION/SCHOOL MAJOR
E-MAIL ADDRESS		

T-SHIRT SIZE					
S	<input type="radio"/>	M	<input type="radio"/>	L	<input type="radio"/>
XL	<input type="radio"/>	Other Size: <input type="radio"/> Please write in:			

INTERESTS				
HEALTH FAIRS	<input type="radio"/>	RESEARCH	<input type="radio"/>	SOCIAL MEDIA <input type="radio"/>
PHOTOGRAPHY	<input type="radio"/>	FIT KIT PREPARATIONS	<input type="radio"/>	CLERICAL DUTIES <input type="radio"/>
THEATER OUTREACH	<input type="radio"/>	STUFFING BAGS	<input type="radio"/>	SPECIAL EVENTS <input type="radio"/>
				OTHER: <input type="radio"/>

LANGUAGES SPOKEN OTHER THAN ENGLISH		
SPANISH	<input type="radio"/>	VIETNAMESE <input type="radio"/>
		OTHER:

SPECIALS SKILLS, TALENTS, HOBBIES,...

PERSON TO NOTIFY IN CASE OF EMERGENCY		
NAME		RELATIONSHIP
STREET ADDRESS		
CITY	STATE	ZIP
PHONE #1		PHONE #2

**CRIMINAL HISTORY DISCLOSURE**

Have you ever been arrested, have an arrest warrant pending, pled guilty, received deferred adjudication, been convicted, served probation or community service, or had and/or have any criminal action pending against you?

YES

☐

NO

☐

If "YES", please explain:

**AGREEMENT AND SIGNATURE**

It is the policy of BodyGuards Volunteer Program (Program) that all members, employees, medical staff, students, volunteers, and outside affiliates shall respect, protect and preserve the privacy, confidentiality and security of confidential information and materials. It is the policy of the Program that volunteers are students or employees of BCM and I agree that I have such status. By submitting this application, I affirm: (a) that the facts set forth in it are true and complete. (b) I have read the confidentiality statement above and agree to comply with the terms. (c) I understand that as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal (d) That if my status as an enrolled student with BCM changes, I will immediately notify the Program's volunteer coordinator. (e) That if my answers to any questions on this Application change, especially but not limited to my answer to the Criminal History Disclosure, I will immediately notify the Program's volunteer coordinator.

NAME (printed)

DATE

SIGNATURE

Please submit via email to:

Hector Sanchez

**hector.sanchez@bcm.edu**

**Thank you for becoming a BodyGuards Volunteer!**

Please see BodyGuards Volunteer Program Rules on page 3 of this Application.

## **BodyGuards Volunteer Program Rules**

As explained in the training information/presentation, there are certain rules that must be adhered to by the volunteers. As a condition to participation in the Program, you agree to abide by such rules, including:

1. COVID Prevention:
  - (a) Wear mask at all times
  - (b) Frequent hand hygiene
  - (c) Step away from table to eat or drink
  - (d) Practice social distancing where possible
  - (e) Stay home, if you feel sick
2. Volunteers must:
  - (a) Be friendly and courteous
  - (b) Report any problems or concerns to the volunteer coordinator
  - (c) Report to the volunteer coordinator immediately any change in your answer to the program application's Criminal History Disclosure
3. Volunteers must NOT:
  - (a) Give out medical or health advice to anyone during an event
  - (b) Answer any specific questions related to cancer treatment; instead refer to a health care provider
  - (c) Initiate or otherwise engage in any contact (electronic, in-person, telephonic or by other means) with Program recipients outside the designated activity/event
4. Dress Code:
  - (a) Volunteer t-shirt must be worn
  - (b) Jeans and khaki pants can be worn.
  - (c) Comfortable shoes are recommended
  - (d) No shorts or flip flops
  - (e) Masks and hand sanitizer will be provided