



BodyGuards Volunteer ProgramApplication

CONTACT INFORMATIO)N						
FIRST NAME		LAST NAME					
DATE OF BIRTH		CELL PHONE					
STREET ADDRESS		SCHOOL/ORGANIZATION					
CITY STATE		PROFESSION/SCHOOL MAJOR					
E-MAIL ADDRESS							
T-SHIRT SIZE							
\$	M O		L		XL \bigcirc		
INTERESTS							
DIABETES	CANCER C		NUTRITION		CHILDREN'S EVENTS		
PHOTOGRAPHY O	FORUM THEATER		TONI THE ART CART		PHYSICAL ACTIVITY		
THEATER	STUFFING BAGS		MULTIMEDIA		CLERICAL DUTIES		
OTHER:							
LANGUAGES SPOKEN OTHER THAN ENGLISH SPANISH VIETNAMES			_				
SPANISH	:SE C	<i></i>	OTHER:				
SPECIALS SKILLS, TALENTS, HC	OBBIES,						
PERSON TO NOTIFY IN CASE O	F EMERGENCY						
NAME			RELATIONSHIP				
STREET ADDRESS							
CITY			STATE		ZIP		
PHONE #1			PHONE #2				

CRIMINAL HISTORY DISCLOSURE					
Have you never been arrested, had 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 again you?					
If "YES", please explain:					
AGREEMENT AND SIGNATURE					
By submitting this application, I affirm that the facts set forth in it are true and complete. 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.					
NAME (printed)	DATE				
SIGNATURE					

LEGAL GUARDIAN (if under 18)

Please submit via fax to **713-798-2716**, or you can also send it via e-mail to a Volunteer Coordinator:

Lizette Rangel, MPH mlrangel@bcm.edu

Anedny M. Laubscher, MA anedny.laubscher@bcm.edu

bcm.edu/cancercenter/outreach

Thank you for becoming a BodyGuards Volunteer!