



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

TEAM BLUE

Blue Cross and Blue Shield of Louisiana recognizes that its responsibility to the people of Louisiana goes beyond business and providing affordable, quality healthcare products. As a concerned corporate citizen, Blue Cross is dedicated to improving the quality of life in Louisiana through community involvement, employee volunteerism and the investment of resources in the communities it serves.

Our employees believe in our mission, too, and have joined our league of corporate volunteers, **Team Blue**. The Cross and Shield is represented by committed **Team Blue** volunteers who donate their time and talents to various non-profit and community outreach projects statewide.

We welcome and invite opportunities to support and form partnerships with non-profit organizations who share our goal. To help you determine if your organization is eligible, please respond to the following list of statements.

- Yes No Your programs service an area of the state of Louisiana.
- Yes No You are a non-profit organization, registered charity or school with tax exemption.
- Yes No You are NOT a private foundation, an individual, a political organization, a religious organization (including churches, temples or seminaries), an organization having unlawful employment practices or discriminatory service practice.

If you answered YES to *all* of the previous statements, you may proceed with the application.

If you answered NO to *any* of the previous statements, your organization is not eligible for support.

Team Blue participates in activities statewide through our Regional Offices. Return the attached application to our headquarters in Baton Rouge, and, if approved, we will arrange for our local Team Blue members to participate in your event.

Requests must be submitted **at least six weeks before the event date**. You will be notified whether or not we will be participating within two weeks of your event.

Team Blue helps make Louisiana a better place to live for everyone.

(Over)



Applicants must include all requested information to be considered.

Contact Information

Organization Name _____

Executive Director/CEO _____ Title _____

Contact Person for Program or Project _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Website _____

Organization's Mission (no more than 50 words)

Activity Information

Activity Name _____ Date _____

Description of the Activity (no more than 50 words)

Location of Activity _____

Address _____

City _____ State _____ Zip _____

Volunteer Information

Number of Volunteers Needed: _____ Minimum age requirement: _____

Time Volunteers are Needed: Start _____ End _____

Will Volunteers be permitted to wear their Team Blue shirts for this project? Yes No

Materials or Supplies Needed: _____

Skill Set(s) Volunteers will Utilize: _____

Signatures

Executive Director/CEO Signature _____ Date _____

Contact Person _____ Date _____

Return to: Team Blue
Community Relations
Blue Cross and Blue Shield of Louisiana
P. O. Box 98029
Baton Rouge, LA 70898-9029

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