



**BlueCross BlueShield
of Louisiana**

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



Need volunteers? Call on Team Blue!

In everything we do, Blue Cross and Blue Shield of Louisiana strives to be a valuable resource in Louisiana communities. One way we do that is through Team Blue, a league of employee volunteers who love giving back to Louisiana. If your organization needs volunteer support, Team Blue can lend a hand – actually, lots of hands.

It all goes back to the Blue Cross mission to improve the quality of life in Louisiana, and our employees believe in that mission too. Employee volunteers donate their time and talents to nonprofits, charities and schools across the state.

Eligibility

Your organization is eligible for Team Blue support if you meet all of the following requirements:

- Your programs serve an area in Louisiana.
- Your organization is a nonprofit, a registered charity or a school with a tax exemption.
- Your organization is not a private foundation, an individual, a political organization or a religious organization (including churches, temples or seminaries).
- Your organization does not have unlawful employment practices or discriminatory services.

How to request volunteers

If your organization is eligible for Team Blue support, please complete the Team Blue application on the back of this form and return it at least six weeks before the event date.

Within two weeks of your event, we will notify you of the decision. If your application is approved, we will work with Blue Cross' regional offices to arrange for local Team Blue members to participate at your event.

More information

For more information about Team Blue, please contact the Blue Cross and Blue Shield of Louisiana Foundation at 225.298.7979 or foundation@bcbsla.com.

Request for Team Blue Participation

Applicants must include all requested information to be considered.



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Contact Information

Organization Name _____

Employer Identification Number _____ A copy of your IRS tax-exemption letter is required.

Executive Director/CEO _____ Title _____

Contact Person for
Program or Project _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Cell Phone for Contact
Person on Day of Event _____ 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 Blue Cross and Blue Shield of Louisiana at one of the following addresses:

P. O. Box 98029, Baton Rouge, LA 70898

5525 Reitz Avenue, Baton Rouge, LA 70809

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LOUISIANA