Independence Blue Cross Family of Companies

Corporate Volunteer Program

EVENT PROPOSAL FORM

Please complete this form and forward via e-mail to Lytanja Jones-Beulah at ***lytanja.beulah-jones@ibx.com.*** You may also fax this form to **215-241-3237.**

Name and location of agency:

Contact Name and Title:

Primary objective of agency activities:

Describe volunteer opportunity (the requested activity):

What is the date/duration of the opportunity (check one)?

❑ Ongoing volunteer opportunity ❑ One-time event

Explain:

What is the number of volunteers needed and for how long?

Is transportation needed (check one)?

❑ No ❑ Yes Specify need:

What are the budget requirements (check one)?

❑ No, expenses are required ❑ Yes, there are budget requirements

Item	Amount	Note

Explain why IBC should support this activity:

Additional information:

Date Submitted:

FOR USE BY ADVISORY BOARD

Approved: ❑ Yes ❑ No

Comments:

If you have any questions when completing this form, please contact Associate Communications at **(215) 241-3301.**

Thank you.

Independence Blue Cross
Family of Companies

2005-0065 (03/05)