



TEAM ALLIANCE

The purpose of Team Alliance is to provide volunteer opportunities for the Alliance and its families in support of health causes that does not require financial donation from the Alliance.

*Form must be received a minimum of 75 days in advance of event.

Date of Event: (confirm 75 days in advance notice)	
Time of Event:	Multiple Shifts Requested:
How much time is involved?	
Organization name:	
Organization Address:	
Organization Contact name and number:	
Organization 501c3 verification and TAX ID:	
Member lead / Hostess:	
Member Cell phone & email:	
Confirm membership status is current.	
Where will event be held:	
Public Relations opportunities for CCMSA:	
How does the cause advance a healthier Southern Nevada?	
Directions to the site:	
Can young kids get volunteer credit?	
Is there an age restriction?	
List any request for purchases or a donation wish list?	(Examples: Yarn, fabric, food, socks, etc.)

By submitting this Application, you agree to take photos of the event and submit same to the Public Relations VP within 2 weeks of the event so that it can be used by CCMSA's social media outlets.

Initial here _____

Any event that is approved is not being sponsored by CCMSA. This is solely an opportunity for members to be engaged with the community at large.

Committee Members: Team Alliance chairperson is appointed by the President. Members on the committee don't have to be on the Board of Directors. If any member on the Committee is on the board of the event, that member cannot vote on the application. The decision by the Committee must be approved by the President(s) unless there is a financial component in which case the application requires Board approval.