



Check here if you are currently registered as a volunteer with KSN!

# Final Four Volunteer Application

**IMPORTANT:** You must be 18 years of age or older to work this event.

First \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Shirt Size \_\_\_\_\_ Sales Experience? (Explain briefly) \_\_\_\_\_

## RELEASE OF LIABILITY STATEMENT

*(This statement must be read and signed by each KSN Final Four volunteer.)*

I, \_\_\_\_\_ (print your name), agree to volunteer my time to sell Final Four merchandise between April 2-7, 2010 on behalf of the Kids Sports Network and Event 1. I hereby forever waive any and all rights for claims or damages I may have against the Kids Sports Network, Event 1, the NCAA Final Four and all their respective sponsors, officers, directors, subsidiaries, agents and employees for any and all injuries, losses, claims, damages, demands, liabilities, actions or causes of action sustained by me as a result of my participating as a volunteer in this capacity.

I UNDERSTAND THAT NONE OF THE ABOVE AGENCIES PROVIDE INJURY OR LIABILITY INSURANCE FOR THESE ACTIVITIES AND THAT IT IS MY RESPONSIBILITY TO DETERMINE WHAT, IF ANY, INSURANCE I NEED TO CARRY.

***I authorize the Kids Sports Network to conduct a criminal background check on me and understand that certain resulting information may prohibit me from volunteering for this event/activity.***

Signature: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Print your name as it appears on your driver's license: \_\_\_\_\_

\*SSN#: \_\_\_\_\_ \*Note: Social Security Number and Date of Birth are required. However, this information can not be sent via e-mail. Please see Questions and Answers for more details.

**I am volunteering for the following shift(s):** To receive Final Four and Spurs gifts, volunteers are encouraged to work at least **two shifts** (6 to 10 hours).

Hotel \_\_\_\_\_ Date \_\_\_\_\_ Shift Time \_\_\_\_\_

Hotel \_\_\_\_\_ Date \_\_\_\_\_ Shift Time \_\_\_\_\_

Hotel \_\_\_\_\_ Date \_\_\_\_\_ Shift Time \_\_\_\_\_

Hotel \_\_\_\_\_ Date \_\_\_\_\_ Shift Time \_\_\_\_\_

Fax or mail this completed form to (210) 646-9977. Please check the KSN volunteer website ([www.ksnusa.org/volunteer.htm](http://www.ksnusa.org/volunteer.htm)) for possible open shifts. You will receive a call or postcard to confirm your assignment.