



Group Volunteer Application (Please Print Clearly)

Group Name _____ Date _____

Contact information for the group's **Primary Point of Contact**:

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax/Other _____

E-Mail _____ E-Mail2 _____

Alternate Point of Contact for the group _____

Cell Phone _____ Fax/Other _____

E-Mail _____ E-Mail2 _____

Are all the group members over the age of 18: Yes No

Have you or your group ever volunteered for a prior Kids Sports Network event? Yes No

If so, what event? _____

Please give us at least one reference or your group sponsor:

Name _____ Phone Number _____

Comments: _____

Note: There is an application form each volunteer must submit before he/she can work an event. The form is available on our website (www.ksnusa.org/volunteer.htm) and maps and schedules to give to your volunteers.

Fax or mail completed forms to: Kids Sports Network Fax (210) 646-9977
8206 Roughrider Suite 104
San Antonio, TX 78239