

Volunteer Application

Name			
Date of Birth			
Spouse's name			
Children (number)			
Mailing Address			
City	State	Zip	
Home phone	Primary Email _		
Emergency Contact & Phone (Prin	nary):		
Emergency Contact & Phone (Sec	ondary):		
If you're still employed tell us al	hout vour professional	lf vou're reti	ired tell us what you did
Business name	• •	•	,
 Title			
Business mailing address			
City			
Business phone			
Send GHK Correspondence to: Tell us about your golf club affil Home Other Other	iations.		YearsYearsYears
What boards do you currently s			
1			Years
2			YearsYears
3			Tears
The information below we keep Shirt Size: □ S □ M □ L □		ıs be efficien	t in our purchasing.
What are your areas of voluntee ☐ Tournaments ☐ Course Ratin		?	
The days I am available each we ☐ Monday ☐ Tuesday ☐ Wedn		Friday □ Sa	nturday 🗆 Sunday

Return Form:

Mail: Golf House Kentucky | 1116 Elmore Just Drive | Louisville, KY 40245

Fax: (502) 243.9266 Email: csaner@kygolf.org