

The Super Saturday Program Teen Leader Application Form

Please read this form **carefully** and fill out **completely**. Both the Applicant and a parent or legal guardian must sign and date this form. Applications must be received at least four weeks in advance of the first class for which you wish to volunteer.

NAME:	
DATE OF BIRTH:	AGE:
ADDRESS:	
PHONE NUMBER (applicant):	
E-MAIL ADDRESS (applicant):	
PHONE NUMBER (parent or guardian):	
E-MAIL ADDRESS (parent or guardian):	
T-SHIRT SIZE:	

Why do you want to volunteer with The Super Saturday Program?

Do you have any special interests or talents that you feel would be valuable to assisting in a classroom setting? What kind of work do you enjoy doing?

Is there a preferred class or activity for which you would like to volunteer? (*Note: Volunteers do not choose their assignment.* All volunteer assignments are at the discretion of The Super Saturday Program)

In order to help ensure that your volunteer experience is a positive one for everyone, do you have any physical restrictions, allergies, or other medical issues that may be relevant to your volunteer assignment? This information is used to ensure that a volunteer is not placed in an assignment that might have adverse health consequences (*e.g. ensuring a volunteer with a severe food allergy is not assigned to a cooking class*).

NAME:	NAME:
PHONE:	PHONE:
E-MAIL:	E-MAIL:
Signatures:	
Applicant	 Date
Parent or legal guardian	 Date

Both the signed application and signed agreement forms should be submitted to the Teen Advocate, Jenn Ledonne, either electronically via email, or through USPS.

Electronically scanned forms can be sent to: <u>jenn.ledonne@supersaturday.org</u>. However, if you prefer to send a paper copy, then please send the forms to:

The Super Saturday Program PO Box 498906 Cincinnati, Ohio 45249

Please list two character references we may contact:

Please contact <u>jenn.ledonne@supersaturday.org</u> if you have any questions, or need additional information.