



# 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 three 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): \_\_\_\_\_

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).

Please list any dates that you know you will have to miss (e.g. sport meets/games, school concerts, school performances, family out of town, etc.). If you will need to miss more than two weeks during a term, we suggest signing up for a different term.

Date: \_\_\_/\_\_\_/\_\_\_\_      Date: \_\_\_/\_\_\_/\_\_\_\_

**(No more than 2 weeks can be missed to obtain volunteer credit hours for the term)**

Please list two character references we may contact:

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 either electronically via email, or through USPS.

Electronically scanned forms can be sent to: [teenadvocate@supersaturday.org](mailto:teenadvocate@supersaturday.org). However, if you prefer to send a paper copy, then please send the form to:

**The Super Saturday Program  
P.O. Box 43385  
Cincinnati, Ohio 45243**

Please contact [teenadvocate@supersaturday.org](mailto:teenadvocate@supersaturday.org) if you have any questions, or need additional information.