



The Super Saturday Program

Teen Leader Volunteer Program

Annual Application for Returning Volunteers

*This form is for returning teens only and needs to be filled out once per school year.

*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 two weeks in advance of the first class for which you wish to volunteer.*

NAME: _____

DATE OF BIRTH: _____ AGE: _____

SCHOOL DISTRICT: _____ GRADE: _____

ADDRESS: _____

PHONE NUMBER (applicant): _____

E-MAIL ADDRESS (applicant): _____

PHONE NUMBER (parent or guardian): _____

E-MAIL ADDRESS (parent or guardian): _____

What classes have you previously volunteered for with the Super Saturday Program?

Why do you want to return as a teen leader?

Do you have any new experience that will help you as a teen leader? Was there anything you learned last time that you would like us to know?

Are there any preferred subject areas 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 two previous teachers you have volunteered with (one if you have only volunteered one term):

NAME: _____ NAME: _____

_____	_____
Applicant Signature	Date
_____	_____
Parent or Legal Guardian Signature	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. 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 if you have any questions, or need additional information.