



# The Super Saturday Program

## Teen Leader Volunteer Program Intent to Volunteer for Term

\*This form needs to be filled out each term.

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

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

*The following information only needs to be filled if changed from the Annual Application.*

SCHOOL DISTRICT:	
ADDRESS:	
PHONE NUMBER (applicant):	EMAIL ADDRESS (applicant):
PHONE NUMBER (parent or guardian):	EMAIL ADDRESS (parent or guardian):

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*)

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.

**\*No more than 2 Saturdays can be missed to obtain service hours for the term.**

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

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

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

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.