



# The Super Saturday Program

## Teen Teacher's Aides

### Annual Application for Returning Teens

\*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. The deadline for forms can be found on the website.

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 aided with at the Super Saturday Program?

Why do you want to return as a teen teacher's aide?

Do you have any new experience that will help you as a teacher's aide? Was there anything you learned last time that you would like us to know?

Is there a class or subject you would prefer to help with? *Note: Teens do not choose their assignment. All teacher's aide assignments are at the discretion of The Super Saturday Program.*

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

Please list two previous teachers you have aided (one if you have only participated 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](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.