



# The Super Saturday Program

## Teen Teacher's Aides Intent to Participate 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. The deadline for forms can be found on the website.

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 participate? *Note: Teens do not choose their assignment. All teacher's aide 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.