

SUFFIELD sidekicks Teen Application

TEEN INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____

Address: _____

City, State, Zip: _____ School: _____

Email: _____ Cell Phone: _____

TEEN AGREEMENT

I have read the **Suffield Sidekicks Teen Agreement** and agree to participate in the Suffield Sidekicks program.

Print name: _____ Signature: _____

Date: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Cell Phone: _____

Does your teen have any physical limitations? No Yes

If yes, please explain: _____

I DO DO NOT allow the Suffield Sidekicks Coordinator to contact my teen directly through email, cell phone, and/or the BAND App about the Suffield Sidekicks Program and job opportunities. If NOT ALLOWED, the individual below may be contacted instead:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Cell Phone: _____



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Please read through each bulleted item and initial if you are in agreement. Contact the Suffield Sidekicks Coordinator if you have any questions.

PARENT/GUARDIAN AGREEMENT

I understand:

- My teen will be doing chores for a senior citizen in their home or in their yard. _____
- My teen's contracted rate will be \$16.35 per hour effective January 1, 2025. _____
- My teen will not be performing any personal care. _____
- My teen will be responsible for finding their own transportation to the senior's home. _____
- My teen will contact the Suffield Sidekicks Coordinator via email, phone, or the BAND App unless not allowed and then that noted person will be contacted instead. _____
- I will meet my teen's senior on their first job. _____
- It is my teen's responsibility to find a replacement if they are not able to keep the job commitment by using a network of fellow approved Suffield Sidekicks workers; always keeping the Suffield Sidekicks Coordinator in the loop. _____

I agree don't agree to allow my son/daughter to participate in the Suffield Sidekicks program.

I do do not give permission for my teen to be photographed for use in Suffield Youth Services social media, newspaper articles, newsletters, or brochures.

Print Name: _____ Signature: _____

Date: _____

DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION

Copy of teen's Social Security Card

Copy of completed W-9

Copy of teen's picture ID

If your teen is 16+ years old, Working Papers are required by law. The Suffield Sidekicks Coordinator will email you further instructions.

DEMOGRAPHICS

This information is collected for statistical/funding purposes to secure future funding for Suffield Youth Services programs and is confidential.

Household where teen lives:

___ Two birth parents ___ Grandparents ___ Relative ___ DCF guardianship ___ Two birth adoptive parents

___ Step birth parent ___ Single parent (M) ___ Single parent (F) ___ Joint custody

Race:

___ Hispanic ___ Alaskan/Native American ___ Asian ___ Multi-racial ___ Hawaiian/Pacific Islander ___ Other

___ Caucasian ___ Black/African American

