

# Washington State Senate Page Application

Please type or print legibly. The application must be filled out completely to be considered.

**Students may page only one time in the House or the Senate.**

STUDENT NAME (First, Middle, Last)

HOME ADDRESS

CITY

ZIP CODE

MAILING ADDRESS

CITY

ZIP CODE

HOME PHONE

(  )

E-MAIL ADDRESS

DATE OF BIRTH *(Students must be 14 to 16 years of age.)*

AGE

GENDER:  Male  Female

SCHOOL NAME

GRADE

PRINCIPAL

YOUR LEGISLATIVE DISTRICT STATE SENATOR

(<http://app.leg.wa.gov/DistrictFinder/>)

Will you require housing?  Yes  No

\*WEEKS YOU **CANNOT** PAGE

*(school activities, sports, family obligations, etc.)*

*(\*Please give this careful consideration. We cannot reschedule you if you cancel.)*

## PARENT/GUARDIAN INFORMATION

NAME OF PARENT(S) OR GUARDIAN(S)

PARENT/GUARDIAN PHONE NUMBERS

Work:  Cell:

Work:  Cell:

I give my permission for my child/ward to participate in the Washington State Senate Page program. I also authorize, by my signature, the use of photographs of my child by the Washington State Senate and/or its designated representatives, in any Senate authorized publication. I understand that such photographs will be held in files open to the public and have agreed to the use of these photographs without compensation or payment.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I recommend this applicant for the position of PAGE in the Washington State Senate during the upcoming legislative session.

\_\_\_\_\_  
Member, Washington State Senate  
**Return completed application to sponsoring Senator's office.**

# Recommendations

PRINCIPAL:

COMMENTS:

TEACHER/COUNSELOR/HOMESCHOOL ADVISOR/MENTOR:

COMMENTS: