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

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://www1.leg.wa.gov/districtfinder/default.aspx)

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: