



# 2016 House Page Application

Application Date: \_\_\_\_\_

## DIRECTIONS:

If you are interested in serving as a House Page during the 2016 session, please carefully review and complete the entire application. Please type or print neatly in the spaces provided below. All applications should be completely filled out, include a separate current color picture, essay, and all signatures to be considered complete. Complete applications should be sent directly to the Representative who will be sponsoring the Page. All Pages will be notified of their appointment week at least one week in advance.

## HOUSE LEGISLATIVE SPONSOR INFORMATION:

Sponsored by Representative (Print or Select): \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

## APPLICANT INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (MI) (Preferred)

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Country: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Include Area Code) (Include Area Code)

E-Mail Address (Type or Print): \_\_\_\_\_

Are you related to a Member of the North Carolina Legislature?  Yes  No

If so, please state relationship and whom (Type or Print): \_\_\_\_\_

## APPLICANT ELIGIBILITY:

Age: \_\_\_\_\_ GPA: \_\_\_\_\_ Current School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Currently, are you in good academic standing? \_\_\_\_\_

If serving during the academic year, did you obtain prior approval from your school? \_\_\_\_\_

Have you ever served as a House Page?  Yes  No If yes, what year? \_\_\_\_\_

Have you ever served as a Senate Page?  Yes  No If yes, what year? \_\_\_\_\_

**APPLICANT AVAILABILITY:**

PLEASE SPECIFY YOUR *FIRST, SECOND, AND THIRD PREFERENCES* FOR THE TIMEFRAME IN WHICH YOU WOULD LIKE TO SERVE. ALSO, INDICATE IF YOU *CANNOT* SERVE DURING A PARTICULAR WEEK. NOTE: Weeks are filled on a first-come, first-serve basis. Before completing the preference list, please refer to the House Page website to determine current availability. All weeks are APPROXIMATE, as the legislative schedule is subject to change.

WEEK	DATES OF SERVICE (Approximate)	PREFERENCE (Indicate 1 <sup>st</sup> through 3 <sup>rd</sup> choice)	CANNOT SERVE
Week 1	April 25 through April 28		<input type="checkbox"/>
Week 2	May 2 through May 5		<input type="checkbox"/>
Week 3	May 9 through May 12		<input type="checkbox"/>
Week 4	May 16 through May 19		<input type="checkbox"/>
Week 5	May 23 through May 26		<input type="checkbox"/>
Week 6	May 30 through June 2		<input type="checkbox"/>
Week 7	June 6 through June 9		<input type="checkbox"/>
Week 8	June 13 through June 16		<input type="checkbox"/>
Week 9	June 20 through June 23		<input type="checkbox"/>
Week 10	June 27 through June 30		<input type="checkbox"/>
Week 11	July 4 through July 7		<input type="checkbox"/>
Week 12	July 11 through July 14		<input type="checkbox"/>
Week 13	July 18 through July 21		<input type="checkbox"/>
Week 14	July 25 through July 28		<input type="checkbox"/>
Week 15	August 1 through August 4		<input type="checkbox"/>
Week 16	August 8 through August 11		<input type="checkbox"/>

**RECOGNITION:**

Local Newspaper: \_\_\_\_\_

**PRINT NAME AS IT SHOULD APPEAR:**

Nametag: \_\_\_\_\_ Certificate: \_\_\_\_\_

**ESSAY REQUIREMENT:**

In addition to the application, program applicants are required to submit a short essay. Students should draft an essay that describes their interest in, and reasons for, applying to the House Page Program. Specifically, the essay should answer the question, “Why do you wish to participate in the 2016 House Page Program?” It should be limited to 200 words, while thoroughly addressing the question.

**ACCOMMODATIONS:**

If selected, would you need to stay with a host family?  Yes  No

**PARENT/LEGAL GUARDIAN INFORMATION:**

Father/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**GUIDELINES AND PROVISIONS:**

Please carefully review the following information.

- Program participants are expected to participate in all scheduled events and activities.
- Participants are not permitted to leave any of the program activities without explicit authorization of the program advisor.
- Program participants are expected to adhere to a professional dress code. Pages that do not follow the dress code will not be allowed to participate in program activities and may be sent home.
- Program participants are responsible for all personal costs associated with their participation in the program. Program participants have the option to be paid a stipend or receive community service credit. Pages that opt for a stipend will be paid a total of \$150.00 for one week of service to assist in covering meals and lodging. Pages who opt to be compensated through community service will receive 30 hours credit in accordance with their school policy.
- If the legislature adjourns prior to the completion of the program, the remaining terms will be cancelled and affected participants will be notified.

**APPLICANT ACKNOWLEDGEMENT:**

*By signing below, I am affirming that I've read the information provided above and meet the age requirements to be eligible to participate in the House Page Program. I attest that the information provided above is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PARENTAL/ LEGAL GUARDIAN CONSENT:**

**I. SECTION 1 – Release and/or Publication of Photograph.**

<p>Please initial one of the following:</p> <p>_____ I give consent for my child’s photograph to be considered for submission to the local newspaper referenced above in conjunction with a press release.</p> <p>_____ I give my consent for photographs taken of my child, while serving as a Page, to be used for House Page Program promotional materials and on the website.</p> <p>_____ I do not give my consent for my child’s photograph to be used for any purpose other than for the submission of this application.</p>
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**II. SECTION 2 – Program Participant Consent.**

*By signing below, your signature will signify that all of the information provided above has been reviewed with the applicant. Additionally, your signature will serve to acknowledge agreement to the rules and guidelines set forth by the House Page Program. Lastly, if your child is selected, the signature below will serve as explicit consent and permission for him or her to participate in the North Carolina House Page Program.*

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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For Office Use Only:

Received: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Letter Sent: \_\_\_\_\_