



The Florida Senate

SENATOR BILL GALVANO

President

2020 REGULAR SESSION - SENATE PAGE PROGRAM APPLICATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Date of Birth: _____
 Applicant's Email: _____
 Parent/Guardian Name: _____
 Parent/Guardian Email: _____
 Emergency Contact Name (if different from above): _____ Telephone: _____
 Name of High School: _____ Current Grade: _____

Application Deadline is:

October 1, 2019

Questions? Contact Senate Administration
 850.487.5636
SenatePageProgram@flsenate.gov
 Fax: 850.410.0065

Please note:

Pages are required to have a dark navy blue blazer. Senate patches will be mailed in advance and must be affixed to the blazer.

Have you served previously as a Page? No Yes (Select only one response, No or Yes.)

If yes, where (Senate/House) and the year: _____

Please identify any relatives employed with the Florida Legislature:

Identify any extra-curricular activities which support your interest in the Senate Page Program, include any leadership roles held (i.e., debate team, student government, etc.).

Identify in priority order (#1 being your top choice) the week(s) you are available to serve as a Senate Page.

<input type="checkbox"/>	Week 1: January 13 - 17	<input type="checkbox"/>	Week 4: February 3 - 7	<input type="checkbox"/>	Week 7: February 24 - 28
<input type="checkbox"/>	Week 2: January 21 - 24	<input type="checkbox"/>	Week 5: February 10 - 14	<input type="checkbox"/>	Week 8: March 2 - 6
<input type="checkbox"/>	Week 3: January 27 - 31	<input type="checkbox"/>	Week 6: February 17- 21	<input type="checkbox"/>	Week 9: March 9 - 13
<input type="checkbox"/>	Check here if you have no preference and can be flexible to serve during ANY of the above weeks				

*Requested priorities are not guaranteed

Please select your preference: Community Service Hours(40) or Stipend/payment (\$250)

If known, identify your sponsoring Senator and District: _____

If I am selected, I hereby consent to providing my service to the Florida Senate as a Page. I understand the Senate does not provide food, housing or transportation, and supervision of Pages does not extend beyond the hours I will serve in the Senate (official Senate business).

Signature of Page Applicant: _____

Signature of Parent/Guardian: _____

School Principal/designee acknowledges the above program may occur during regularly scheduled school days resulting in multiple absences for the student:

 Name (print)

 Signature

Type responses on form, print, sign and obtain parent/guardian and principal signatures. Then scan completed form and email to: SenatePageProgram@flsenate.gov