



**THE FLORIDA SENATE**  
**SENATOR BILL GALVANO**  
*President*

**Deadline: January 1, 2019**

**2019 PAGE APPLICATION**  
**PLEASE TYPE OR PRINT**

Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Email Address (if available) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Have you served previously as a page in either the Senate or the House? (Circle) YES NO

If so, when and where? \_\_\_\_\_ Who was your sponsor? \_\_\_\_\_

Please indicate your first three (3) choices of weeks to serve as a Senate Page: (indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)

- |                     |                     |                        |
|---------------------|---------------------|------------------------|
| _____ March 4 – 8   | _____ March 25 – 29 | _____ April 15 - 19    |
| _____ March 11 – 15 | _____ April 1 – 5   | _____ April 22 - 26    |
| _____ March 18 - 22 | _____ April 8 – 12  | _____ April 29 – May 3 |

I hereby consent to employment of the above named applicant as a Senate Page and verify the above application. I understand the Senate does not provide food, housing, or transportation, and supervision of pages does not extend beyond the hours the pages work in the Senate. I consent to the applicable rules set forth in the Florida Senate Page Program Rules and Code of Conduct.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Page Applicant

\_\_\_\_\_  
Print Name of Sponsoring Senator

\_\_\_\_\_  
Signature of Sponsoring Senator

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Name of School

High School Telephone # (\_\_\_\_\_) \_\_\_\_\_

Current Grade \_\_\_\_\_

**THE FLORIDA SENATE  
2019 PAGE CONTACT FORM**

**Page Name:** \_\_\_\_\_

**Sponsoring Senator:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_ **Preferred Communication Method:** \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

**Tallahassee Residence:**

**Adult/Chaperone Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Relationship to Page:** \_\_\_\_\_

**Telephone #:** (\_\_\_\_) \_\_\_\_\_

**THE FLORIDA SENATE  
2019 PAGE MEDICAL INFORMATION FORM  
FOR LEGISLATIVE CLINIC**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone # where Parent/Guardian can be reached: (\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus Toxioid Injection: \_\_\_\_\_

Allergies (Food, Drug, Other): \_\_\_\_\_

Medication(s) currently taking: \_\_\_\_\_

Parental Consent for First Aid Treatment:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**CLINIC USE ONLY**

Complaint: \_\_\_\_\_

P.E. Findings: \_\_\_\_\_

Treatment: \_\_\_\_\_

Clinic Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_