



PAGE FOR A DAY

Wisconsin State Senators may sponsor Wisconsin students to serve for one day as a page in the State Capitol. Students must be in middle or high school and required to be 12 years of age or older.

It is the goal of the program for students to learn all they can about state government and how it functions. In addition to performing legislative duties, pages will be able to observe lawmakers, lobbyists, staff, and constituents that are all working together in the legislative process. Senate Pages will serve the members by assisting in the delivery of important information and messages to Senate offices.

The Page for a Day program will be offered throughout the session on Tuesdays and Thursdays and will not be available during the Senate Scholar program.

A typical day would include:

Pages will arrive at 9:00 AM for orientation with the Legislative Education and Outreach Officer. They will then take a tour of the building and work with the Sergeant at Arms' staff. After lunch, pages will be given time to meet their Senator and may spend time working in their Senator's office. The rest of the afternoon the page will work with the Sergeant at Arms' office and staff. The day would end at 3:30 PM.

The starting and ending times can be flexible, depending on the needs of the student.

Application Requirements:

- 1) Completed Application
- 2) Complete an essay explaining why you want to be a 'Page for a Day'
- 3) Signed consent forms

For more information, please contact:

Dr. Tammy Wehrle

Legislative Education and Outreach Officer

Page for a Day Program

State Capitol, PO Box 7882

Madison, WI 53707-7882

Tammy.wehrle@legis.wi.gov



Application

(Please print or type)

Name: _____ Home Phone # _____

Date of Birth: _____ Current Grade Level in School: _____

Parent's Cell # _____ Student Cell # _____

Address: _____

City: _____ Wisconsin Zip: _____ County (Ex: Dane) _____

Student Email Address: _____ Parent Email Address: _____

School Name: _____ School Phone: _____

Name of your State Senator: _____

What Senate District do you live in?* (Ex: 33 SD)* _____

Applicants are required to send in a completed application, a one to two page essay as to why they want to serve as a page in the Wisconsin State Senate "Page for a Day", and signed consent forms.

You will be notified when you are chosen for the Page for a Day program.

Send Completed Application to:

Dr. Tammy Wehrle

Legislative Education and Outreach Officer

Page for a Day Program

State Capitol, PO Box 7882

Madison, WI 53707-7882



Indemnification Form

I agree to indemnify and hold harmless the State of Wisconsin and its employees, officers, and agents for damages to person or property arising from applicant's participation in the Page for a Day Program.

Parent's/Guardian's Signature

Date

Applicant's Signature

Date

Medical Consent Form

Medical Information

Applicant's Name: _____

Parent's/Guardian's Name: _____

Street Address: _____

City: _____, Wisconsin Zip _____

Daytime and/or Work Phone: _____

Cell Phone: _____

Is the applicant required to take any medications? Does the applicant have any pre-existing medical conditions we should be aware of? If so, please explain (attach second sheet if necessary):

Consent

If, in the judgement of any representative of the Page for a Day program, the applicant needs medical care and treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment being given to the applicant by or at the direction of any physician. I accept responsibility for medical charges which may be incurred on my child's behalf. I understand that I am responsible for any such charges that are not covered by insurance.

Parent's/Guardian's Signature

Date



Consent to use picture Form

The State Senate may use a Page's photograph in association with media, websites or communications pieces relating to the Page for a Day Program. By enrolling in the program, each Page consents to the use of his or her photograph for this purpose. By authorizing their son, daughter, or ward to enroll in the program, each parent or guardian consents to the use of the son's, daughter's, or ward's photograph for this purpose.

By signing below, I indicate that I have read and understand the above Code of Conduct and agree to abide by its terms to the extent that they apply to me.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Consent Form

Name of school _____ **Principal's name** _____

I hereby approve this student to be considered for acceptance into the Senate Page for a Day Program, and will grant this student an excused absence for participation in the program.

Principal's Signature

Date

If selected to participate in the Senate Page for a Day Program, my daughter/son has my permission to attend.

Parent's/Guardian's Signature

Date