



# 2022 House Page Application

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

## DIRECTIONS:

If you are interested in serving as a House Page during the 2022 Session, please carefully review and complete the entire application.

All applications must be completely filled out to be considered for appointment as a House Page and include all of the following:

1. Completed application
2. Short essay
3. Current color photo of the applicant

Completed applications should be sent directly to the Member who will be sponsoring the student for the Member's signature. All Pages will be notified of their appointment week at least one week in advance.

## HOUSE LEGISLATIVE SPONSOR INFORMATION:

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

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

## APPLICANT INFORMATION:

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

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

County: \_\_\_\_\_ Country: \_\_\_\_\_

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

(City) (State) (Zip Code)

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

E-Mail Address: \_\_\_\_\_

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

If so, please state relationship and to whom: \_\_\_\_\_

**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? \_\_\_\_\_

Was your appointment cancelled in 2020 due to COVID-19?  Yes  No If yes, who was your Sponsoring Member? \_\_\_\_\_

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 DATES YOU WOULD LIKE TO SERVE. ALSO, INDICATE IF YOU *CANNOT* SERVE DURING A PARTICULAR WEEK. NOTE: Weeks are filled on a first-come, first-served 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 (Check if applies)
Week 1	May 23 - 26		<input type="checkbox"/>
Week 2	May 31 - June 2		<input type="checkbox"/>
Week 3	June 6 - 9		<input type="checkbox"/>
Week 4	June 13 - 16		<input type="checkbox"/>
Week 5	June 20 - 23		<input type="checkbox"/>
Week 6	June 27 - 30		<input type="checkbox"/>
Week 7	July 5 - 7		<input type="checkbox"/>
Week 8	July 11 - 14		<input type="checkbox"/>
Week 9	July 18 - 21		<input type="checkbox"/>
Week 10	July 25 - 28		<input type="checkbox"/>
Week 11	August 1 - 4		<input type="checkbox"/>
Week 12	August 8 - 11		<input type="checkbox"/>
Week 13	August 15 - 18		<input type="checkbox"/>
Week 14	August 22 - 25		<input type="checkbox"/>

**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 2022 House Page Program?” It should be limited to 200 words, while thoroughly addressing the question.

**PHOTO REQUIREMENT:**

Each applicant **must** provide a current color photo on a separate sheet of paper with the application to be considered complete. The photo should be appropriate for use for security and in an emergency.

**PARENT/GUARDIAN INFORMATION:**

Parent/guardian Name: _____	Cell Phone: _____
Occupation: _____	Work Phone: _____
Parent/guardian Email: _____	
Parent/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. Any House Page that does not comply with the dress code will be asked to correct the inappropriate attire and may be barred from participation or sent home.
- Program participants are responsible for all personal costs associated with 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. Pages who opt to receive community service will be credited 30 hours in accordance with that Page's school policy.
- If the legislature adjourns prior to the completion of the program, the remaining appointments will be cancelled and affected program participants will be notified.

**ACKNOWLEDGEMENT:**

*By signing below, I am acknowledging 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

**PARENT/GUARDIAN CONSENT:**

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

Please initial one:

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

**II. SECTION 2 – Recognition in Local Paper**

I request, and give consent, for my child’s photograph to be considered for submission to the local newspaper referenced below in conjunction with a press release.

\_\_\_\_\_ Yes      \_\_\_\_\_ No    If yes, name of local newspaper \_\_\_\_\_

**III. SECTION 3 – Program Participant Consent**

Please initial:

\_\_\_\_\_ You are the parent/guardian of the House Page Applicant.

\_\_\_\_\_ Consent and permission for him or her to participate in the North Carolina House Page Program.

\_\_\_\_\_ All of the information provided above has been reviewed with the applicant.

\_\_\_\_\_ Acknowledgement and agreement to the rules and guidelines set forth by the House Page Program.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

Received: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Appointment Letter Sent: \_\_\_\_\_