



# 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 8:30 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 4:00 PM.

The starting time 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



# PAGE FOR A DAY

## 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



## WISCONSIN STATE SENATE PAGE FOR A DAY PROGRAM 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

## WISCONSIN STATE SENATE PAGE FOR A DAY PROGRAM 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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## WISCONSIN STATE SENATE PAGE FOR A DAY PROGRAM 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.

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**Applicant's Signature**

**Date**

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**Parent's/Guardian's Signature**

**Date**

## WISCONSIN STATE SENATE PAGE FOR A DAY PROGRAM 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.*

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**Principal's Signature**

**Date**

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

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**Parent's/Guardian's Signature**

**Date**