House Page Program Authorization Form

(Please carefully review the House Page Program Overview & FAQs before signing)

Parent / Guardian

If _____

(Page Applicant Name)

is appointed to serve as a Page, he / she / they has my permission to participate in the House of Delegates Page Program for the Regular Session.

I have reviewed the program requirements and expectations, and understand that Pages are expected to behave at all times in a professional, respectful, and exemplary manner while at work and at the overnight accommodations.

Signature: _____ Date: _____

Name (*please print*): _____

Relationship to Page: _____

Email: _____

Phone: _____

Page Applicant

If I am appointed as a House Page, I agree to abide by program rules and instructions given to me at orientation, at work, and at the overnight accommodations. I will conduct myself at all times in a professional and respectful manner that contributes to the program's success and the vital work of the Virginia House of Delegates and the House Clerk's Office.

Signature: _____ Date: _____

Name (*please print):* _____

Email: _____