2017 Session
Legislative Page Application

SOUTH DAKOTA LEGISLATURE
LEGISLATIVE RESEARCH COUNCIL

Please return application--postmarked no later than ~~Monday, NOVEMBER 14, 2016~~.

Extended to November 23, 2016

Page Advisor
Legislative Research Council
500 East Capitol
Pierre, South Dakota 57501-5070
Phone: 605-773-3251

Page Program Information: http://sdlegislature.gov/Students_Page/Page/default.aspx

Supervision of pages by the Legislative Research Council is limited to the actual performance of their duties during the legislative day within the Capitol complex. The Legislative Research Council is not responsible for any activity that is not directly work related.

NOTE: A copy of your SIGNED Social Security card is required.

NAME:_____
(Last) (First) (MI)

Male ☐ Female ☐

ADDRESS: _____
(Street or Box)

_____
(City) (9-Digit Zip Code) (County)

CELL PHONE:_____ **HOME PHONE:** _____
(Include Area Code) (Include Area Code)

E-MAIL (please print)**:**_____

Are you related to a Member of the South Dakota Legislature? Yes ☐ No ☐

If so, please state relationship and to whom. _____

PLEASE SPECIFY YOUR FIRST, SECOND, THIRD, FOURTH, AND FIFTH PREFERENCES FOR THE TIME FRAME IN WHICH YOU WOULD LIKE TO SERVE. ALSO, INDICATE IF YOU CANNOT SERVE A PARTICULAR TERM. *NOTE: Terms of service are approximate. The last day of fifth term may be long, so you should plan to stay in Pierre on that Friday night, if necessary.*

TERM	DATES OF SERVICE (Approximate)	PREFERENCE (Indicate 1st-5th choice)	CANNOT SERVE THIS TERM ✓
1st Term	January 9 through January 20		☐
2nd Term	January 23 through February 3		☐
3rd Term	February 6 through February 16		☐
4th Term	February 21 through March 2		☐
1-week term 5th Term	March 6 through March 10		☐

PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR NAMETAG.

If selected, would you need housing arranged for you? Yes ☐ No ☐

HIGH SCHOOL: _____

GPA: _____ (At least 3.0 encouraged)

Junior ☐ **Senior** ☐ (Seniors will be given preference)

Please list some of the extracurricular activities in which you are involved, such as Boys/Girls State, Debate, Music, Sports, etc. _____

_____

Permission from your principal or superintendent is required to serve as a page.

_____ _____

Principal or Superintendent Signature Date

PLEASE ATTACH AT LEAST TWO LETTERS OF REFERENCE.

REFERENCE NAME: _____

ADDRESS: _____

REFERENCE NAME: _____

ADDRESS: _____

PLEASE HAVE ONE SPONSORING LEGISLATOR OR LEGISLATOR-ELECT AND YOUR PARENT OR GUARDIAN SIGN AND DATE THIS APPLICATION.

I, the undersigned Member or Member-Elect of the Legislature of the State of South Dakota do hereby sponsor and recommend this applicant for service as a Page during the next session of the Legislature.

_____

Member, South Dakota Legislature Printed Name

_____ _____

Member, South Dakota Legislature Signature Date

*Sponsoring Legislator must sign application. An unsigned application will be returned to applicant.

I (we), as parent(s) or guardian(s) of this applicant, grant permission for the applicant's participation, if selected, in the Legislative Page Program.

_____

Parent or Guardian Printed Name

_____ _____

Parent or Guardian Signature Date

DID YOU REMEMBER????

- ☐ TO COMPLETE ALL ITEMS ON THE APPLICATION?
- ☐ TO INCLUDE A SIGNED, LEGIBLE COPY OF YOUR SOCIAL SECURITY CARD?
- ☐ TO ATTACH TWO LETTERS OF REFERENCE?
- ☐ TO HAVE YOUR APPLICATION SIGNED BY ONE LEGISLATOR OR LEGISLATOR-ELECT?
- ☐ TO HAVE YOUR PARENT OR GUARDIAN AND YOUR PRINCIPAL OR SUPERINTENDENT SIGN YOUR APPLICATION?
- ☐ TO SUBMIT ONLY ONE APPLICATION?
- ☐ TO HAVE YOUR APPLICATION POSTMARKED NO LATER THAN ~~**MONDAY, NOVEMBER 14, 2016**~~?

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