



S.M.I.L.E.—You're in Court!

Summer Mentoring In Legal Education

We invite you to apply for our summer legal education program for high school students: S.M.I.L.E. Gwinnett. This is a free program which will give you access and insight into your court system and the law. Our program will be located at the Gwinnett Justice and Administration Center in Lawrenceville.

We will have speakers from all areas of the law and the courts. We will be discussing our constitution, the structure of the court system, criminal law, and accountability courts. You will have the opportunity to participate in mock trials, observe courtroom proceedings, and tour facilities.

Dates:

- June 7 – 9:00 a.m. – 4:00 p.m. (lunch will be provided)
- June 14 – 12:30 p.m. – 4:00 p.m.
- June 21 – 11:45 p.m. – 4:00 p.m. Gwinnett Detention Center (lunch will be provided)
- June 28 – 12:30 p.m. – 4:00 p.m.
- July 12 – 9:30 a.m. – 12:00 (optional and lunch will be provided)
- 12:30 p.m. – 4:00 p.m. (regular program)
- Tour of Medical Examiner's Office (optional date TBD)
- July 18 – 1:00 p.m. – 5:30 p.m. (Reception begins at 6:00 p.m. followed by Graduation program at 6:30 p.m. finger foods and dessert will be served)

You will need to provide your own transportation. You must dress appropriately for the courthouse. There is no "homework," but participants will be expected to take notes when lawyers and judges appear as speakers. **PLEASE COMPLETE THE APPLICATION AND THE PERMISSION/RELEASE FORM AND RETURN TO YOUR S.M.I.L.E. REPRESENTATIVE (REBECCA STREETMAN rebecca_streetman@gwinnett.k12.ga.us) NO LATER THAN, APRIL 15, 2019.**

SUMMER MENTORING IN LEGAL EDUCATION

(S.M.I.L.E.)



S. M. I. L. E. GWINNETT APPLICATION FORM

First Name: _____ Last Name: _____

E-Mail address: _____ Cell #: _____

Street Address: _____ Apt: _____

City: _____ Zip: _____ County: _____

Name of Parent(s) or legal guardian: _____ Daytime phone # _____

E-Mail Address of Parent(s)/guardian: _____ Cell #: _____

Emergency Contact (if other than parent/guardian) – Name and Phone #: _____

AGE: _____ School now attending: _____ Grade in Aug. 2019 _____

If graduating, school you will attend: _____

What do you hope to learn from the S.M.I.L.E. program? _____

Do you have an area of the law that you would like to learn more about? _____

Any special dietary restrictions, allergies or other issues we need to be aware of since snacks will be proved from time to time: Yes No If yes, please list: _____

Have you ever been convicted of any crime or do you have any pending criminal charges in any court? Yes No

If yes, please explain: _____

By **SUBMITTING** this application, you agree that if you are selected to participate, you will abide by the rules of the program, and you will present yourself in a professional manner at all times.

Signature of **Applicant** _____ Date: _____

Signature of **Parent/Guardian** _____ Date: _____

*****THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN TO BE CONSIDERED FOR THE PROGRAM*****

S.M.I.L.E. Permission Form and Release Form

Name of Child/ Ward: _____

Please review the form in its entirety, initial each paragraph, and sign at the bottom:

_____ I hereby grant the Gwinnett County State Court S.M.I.L.E. Program and Judge Pamela D. South permission to use any photos or video footage taken of my child/ward in any articles or websites promoting or advertising the S.M.I.L.E. Program.

_____ I hereby grant permission for my child/ward to attend the Gwinnett County State Court S.M.I.L.E. Program field trip to the Gwinnett County Detention Center, tour of Medical Examiner's Office, and any court facilities.

_____ I understand that the S.M.I.L.E. Program involves issues related to the interaction of the criminal and civil justice systems, and my child/ward has my permission to participate in a program involving that subject matter.

_____ I specifically authorize Judge South, members of her staff, other Judges and court personnel, and the staff of the Gwinnett County Sheriff's Department to take any reasonable action to obtain emergency medical care for my child/ward during the course of my child's/ward's participation in the S.M.I.L.E. Program and I absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child's/ward's health when I cannot easily be contacted. I also agree to be responsible for any medical expenses not covered by my health insurance.

_____ My child/ward has the following medical conditions and takes the following medications:

_____ I agree that my child/ward must provide his or her own transportation.

_____ I, the undersigned parent or legal guardian of the above-named participant, acknowledge that as a condition of my child/ward participating in the Gwinnett County S.M.I.L.E. Program, I and my child/ward agree to indemnify and hold harmless the Gwinnett County S.M.I.L.E. Program, Judge Pamela D. South, her staff, and any S.M.I.L.E. Program volunteers, from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of my child's/ward's participation in the Gwinnett County S.M.I.L.E. Program.

Signature of Parent/Guardian: _____

Date: _____