



S.M.I.L.E.— You are on ZOOM!

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 via Zoom and partially 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 the law during four Zoom sessions and hosting various speakers. You will be free to ask questions and to participate in break out sessions with the speakers. We plan to host a tour of the court system which has been transformed by the COVID crisis and to view the new jury assembly room in the Nash Building.

TENTATIVE DATES:

- June 18
- June 25
- July 9
- July 23
- July 26

For Zoom calls, you must sign in under your full name and dress appropriately. Participants will be expected to ask questions and to participate in the interactive sessions. To create a virtual relationship between participants and guest speakers, we ask that students remain on camera the entire time. You will be muted upon arrival but will be called upon to unmute in order to interact, so please make sure you are aware of your surroundings and are in a quiet location free from distractions. The tour of the court system will require that you provide your own transportation. **PLEASE COMPLETE THE APPLICATION AND THE PERMISSION/RELEASE FORM AND RETURN TO YOUR S.M.I.L.E. REPRESENTATIVE (REBECCA STREETMAN**

Rebecca.Streetman@gcpsk12.org) **NO LATER THAN, MAY 25th, 2021.**

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 #: _____

AGE: _____ School now attending: _____ Grade in Aug. 2021 _____

If graduating, school you will attend: _____

Have you participated in S.M.I.L.E. previously? _____ If yes, how many years? _____

What do you hope to learn from the S.M.I.L.E. program; areas of law you would like to learn more about? This will assist in scheduling speakers for the interactive sessions.

How did you learn about the S.M.I.L.E. program? _____

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 always present yourself in a professional manner. Additionally, I agree to follow COVID protocols required by the Courts during any in person presentation, including mask wearing and social distancing.

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 my child permission to tour the Gwinnett Court system and understand that COVID protocols will be followed as set out by the Georgia Supreme Court and the Gwinnett Courts, including mask wearing and social distancing.

_____ 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 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 further agree that my child has proper transportation to and from activities and ensure on time arrival and pick up.**

_____ 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: _____