



All Rise Student Mentor Program

Orange County Superior Court

Application Period: March 23 – May 1, 2026



Student Information

Full Name:

Date of Birth:

Grade Level (2026-2027 School Year):

**Applicants must be an incoming 11th or 12th Grade Student*

High School:

Home Address:

City/State/Zip:

Student Phone:

Student Email:

Parent/Guardian Information

Parent/Guardian Name:

Relationship:

Phone Number:

Email Address:

Session Selection (Select One)

June 22 – June 26, 2026

July 6 – July 10, 2026

Session date selections will be prioritized based on the order in which completed applications are received by the application deadline. While every effort will be made to accommodate each applicant's preferred session, space is limited and placement in a selected session is not guaranteed. The Orange County Superior Court reserves the right to assign applicants to an alternate session if necessary.

Describe your interest in the court system and why you would like to participate in the All Rise Student Mentor Program. Please explain how mentorship, civic engagement, and learning about the justice system may help support your future goals or interests (250–500 Words, attach additional pages if necessary).

Media / Photo Release Consent

As a participant in the All Rise Program, I authorize the Orange County Superior Court and/or assignees or licensees to use photographs/video images of my child, for reproduction for promotional or illustrative purposes. I understand that the above activities will not result in any profit, and I will not receive any monetary compensation. Permission is granted to make changes or alterations and to use my child's name or a fictitious name in editorial works or advertising.

YES - I give consent

NO - I do not give consent

By signing below, I certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that submission of this application does not guarantee acceptance into the All Rise Student Mentor Program. I acknowledge that participation is subject to space availability, program requirements, and compliance with all Orange County Superior Court policies and procedures. I agree to adhere to all program rules and expectations if selected to participate.

For applicants under 18 years of age, a parent or legal guardian must also sign to indicate consent for participation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Submit completed applications by May 1, 2026 to CommunityEngagement@occourts.org

Teacher Recommendation Form

To be completed by a current teacher or school administrator



Student Name:

Teacher Name:

School:

Email:

Phone Number:

Recommendation Narrative (add additional pages if necessary):

Teacher Signature: _____ **Date:** _____



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Student Waiver Form

_____ from the following school: _____ has my permission to participate in the Orange County Superior Court All Rise Program.

Please indicate here if your student requires accommodations to access the program:

My student does NOT require accommodations.

My student DOES require accommodations.

To arrange accommodations to participate in the All Rise Program, please contact Community Engagement at

CommunityEngagement@occourts.org.

Release and Covenant Not to Sue

This information must be completed in full.

In consideration for their participation in the All Rise Program, I agree to indemnify, defend, and hold harmless the Orange County Superior Court and program organizers and sponsors for all claims, damages, costs and expenses resulting from lawsuits and other proceedings by any third parties arising out of any acts, omissions or conduct of my child while s/he is participating in the All Rise Program.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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Medical Release

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment or hospital care considered necessary in the best judgment of the attending physician surgeon or dentist and performed under the supervision of a member of the medical staff, or hospital furnishing medical or dental services.

I agree to have my child receive any medical emergency services deemed necessary by the authorities in charge. It is understood that the resulting expenses will be the responsibility of the parent/guardian.

Name of Insurance Company | Group Number | Phone number | Student's DOB

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate Phone: _____

If I cannot be reached in case of an emergency, please notify:

Name	Relationship	Home Phone #	Alternate Phone #
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