



Rhode Island Judiciary Shadow Program

Student Information

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone Number: _____

School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____

GPA: _____

Expected Graduation Year: _____

Area of Interest:

Is this your first shadow opportunity within your area of interest? Yes No

Why do you want to shadow a Judiciary professional?

Emergency Contact Full Name: _____

Emergency Contact Telephone Number: _____

Has the parent/guardian consented to this visit? Yes No

Permission slip provided? Yes No

Coordinator Information

First Name: _____ Last Name: _____

Email: _____ Telephone Number: _____

Relationship to Student: Teacher Parent/Guardian

By signing below, I hereby acknowledge that I have completely read the Program Guidelines provided by the Rhode Island Judiciary Shadow Program Coordinator. I also affirm the truth of the following statements;

- I grant permission to the student named above to participate in the Judiciary Shadow Program.*
- I acknowledge that the student, teacher, and parent or guardian have read, understand and agree to comply with the Program Guidelines.*
- Copies of the guidelines have been provided to the student, teacher, and parent or guardian.*
- If the undersigned is not the student's parent or guardian, I have provided the Judiciary Shadow Program Coordinator with a copy of a signed permission slip from the student's parent or guardian.*

Signature _____



Rhode Island Judiciary Shadow Program Guidelines

MISSION

The goal of the Judiciary Shadow Program is to expose high school and college students to careers in public service and the legal field. Students gain exposure by observing court proceedings, shadowing, and/or interviewing a professional represented in the Judiciary's workforce. These guidelines have been established to ensure this program results in a safe and rewarding experience for all participants involved.

STUDENT GUIDELINES

1. Cell phones are not to be seen, heard, or used during the program, unless for emergencies.
2. Participating students must adhere to arrival and departure times and must contact Dorca M. Paulino, Program Coordinator, in the event of a schedule conflict.
3. Students will be expected to be processed through metal detectors before accessing any courthouse location.
4. The student and teacher or parent/guardian identified on the *Shadow Program Application Form* are responsible for providing transportation to and from the Fogarty Judicial Annex on the day(s) of the student's shadow visit(s).
5. It is the responsibility of the student to hold onto valuable items at all times; the Judiciary is not responsible for any lost or stolen items.
6. Students must adhere to standards of conduct designated by the school district.
7. Students must adhere to the Rhode Island Judiciary Courthouse Rules (copy provided) while participating in the program.
8. Participating students are encouraged to wear comfortable shoes and professional attire or the school uniform.
9. Students observing court proceedings will be required to walk from the Fogarty Judicial Annex to either the Garrahy Judicial Complex or the Licht Judicial Complex; therefore – they should prepare for any predicted weather.
10. Students scheduled to observe court proceedings will be dropped off in the courtroom by Dorca M. Paulino, Program Coordinator. While court personnel and security will be

present in the courtroom at all times, the student will be left unattended to observe the court proceedings and will be picked up by the Program Coordinator at a designated time.

11. The Judiciary reserves the right to select program participants based on academic interest, long term goals, and available staff volunteers.
12. The Judiciary will not be held responsible for a student's decision to leave court premises before the established time of dismissal.

If you have questions about any aspect of this program, please contact the Program Coordinator.

Dorca M. Paulino, MPA

Judiciary Shadow Program Coordinator

Telephone: (40) 222-8351 || Email: dpaulino@courts.ri.gov

By receiving this document and signing below, the student, teacher and parent or guardian acknowledge that they have read, understand, and agree to comply with these guidelines. If student participation is coordinated through the school, the student and teacher take responsibility for obtaining permission from the parent/guardian and acknowledge that the parent/guardian has consented to this waiver.

Student Signature

Student Name (Print)

Teacher or Parent

Teacher Name (Print)

Parent/Guardian Signature

Parent/Guardian Name (Print)