

## SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE **COURT AMBASSADOR PROGRAM** Judicial Assistance Group 700 Civic Center Drive, West Santa Ana, CA 92702 e-mail: <u>CommunityOutreach@occourts.org</u>

FOR COURT USE ONLY

Submit completed application to the address listed above

						ink. Your application			
LAST NAME:									
			APT/UNIT:						
	STATE:	z	IP CODE:						
	CELL PHONE								
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COURS	E OF STUDY/MAJOR:	FROM: MM /		TO:		DEGREES, CERTIFICATES UNITS:			
ARE YOU PRESENTLY ATTENDING SCHOOL? IF YES NO				AREA OF STUDY/DEGREE:					
INTERN COURSE INSTRUCTOR: PHON				INTERN ENROLLMENT MM / DD / YYYY DEADLINE:					
S, WHAT LANG	GUAGE(S)?			ORTABLE	LEADING A TO	UR IN YOUR SECOND			
		YES	3		NO				
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AND EXTRAC	URRICULAR ACTIVITIES, (	GRAND JURY E	EXPERIENCE	E, ETC.:					
	Cours Cours HIGH SCHOO COURS IF YES PHON S, WHAT LANG	Court Ambassador complete all required sections. Pl at you meet the requirements. Inc FIRST NAME: STATE: CELL PHONE HIGH SCHOOL NAME: COURSE OF STUDY/MAJOR: IF YES, NAME OF SCHOOL: PHONE: () S, WHAT LANGUAGE(S)?	Court Ambassador Applicat         complete all required sections. Please type/plat you meet the requirements. Incomplete applicat         FIRST NAME:	interments incomplete applications         FIRST NAME:       IPCODE:         STATE:       ZIP CODE:         CELL PHONE       ILAST GR         HIGH SCHOOL NAME:       LAST GR         COURSE OF STUDY/MAJOR:       FROM:         MM / YYYY       MM / YYYY         IF YES, NAME OF SCHOOL:       PHONE:         (       )         S, WHAT LANGUAGE(S)?       ARE YOU COMPLANGUAGE?         YES       YES	Court Ambassador Application         complete all required sections. Please type/print all responses in lat you meet the requirements. Incomplete applications cannot be first NAME:         FIRST NAME:       If rest name:         STATE:       ZIP CODE:         CELL PHONE       CELL PHONE         HIGH SCHOOL NAME:       LAST GRADE COMP         COURSE OF STUDY/MAJOR:       ATTENDANCE DATE         COURSE OF STUDY/MAJOR:       FROM:         MM / YYYY       TO:         YES       State	Court Ambassador Application         complete all required sections. Please type/print all responses in black or blue and you meet the requirements. Incomplete applications cannot be accepted.         FIRST NAME:       M.I.         STATE:       ZIP CODE:         CELL PHONE       CELL PHONE         HIGH SCHOOL NAME:       LAST GRADE COMPLETED:         COURSE OF STUDY/MAJOR:       FROM:         TO:       MM / YYYY         MM / YYYY       MM / YYYY         IF YES, NAME OF SCHOOL:       AREA OF STUDY/DEGREE         PHONE:       INTERN ENROLLMENT M         DEADLINE:       NO         S, WHAT LANGUAGE(S)?       ARE YOU COMFORTABLE LEADING A TOI LANGUAGE?			

MONDAY		AY	TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
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TO:	:	P.M.	TO:	:	P.M.	то:	:	P.M.	TO:	:	P.M.	TO:	:	Р.М.
OTHER C	OMMEN	S RELATED	TO WORK S	SCHEDU	ILE:									
		with a Disabi			NO									
Please ex	plain and	advise the	Court Amba	ssador	Coordinator	if you will nee	ed an ac	commodatio	on to participat	e				
LOCAT	IONS:													
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	All Co	ourt Locatio	ons											
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				•										
	North	Justice Ce	nter – Full	erton										
	West	Justice Cer	nter - Wes	tminst	er									
Mv signa	ature affirr	ns that every s	statement I ha	ave mad	e on this app	lication is true a	and com	plete to the b	est of mv knowle	edae. I ur	nderstand and	d agree that any	/ false sta	atement or omissior
of a mate	erial fact w	ill cause forfe	iture of all rig	hts to pa	rticipate in th	e Superior Cou	rt Outrea	ach Ambassa	dor Program wit	h the Su	perior Court o	of California, Co	unty of C	)range. I understand Irned. <b>I understand</b>
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