



MENTEE APPLICATION 2014 New York City Area

ARE YOU AN INDIVIDUAL LOOKING FOR A WORKPLACE MENTOR?

An opportunity to provide a “foot in the door” in the workplace; evaluate personal goals; target career skills for improvement; explore career paths; and develop lasting mentor relationships awaits you! Find out how by participating in Disability Mentoring Day. Complete this form and a résumé attach, and return by mail, fax, or e-mail to the address listed on page (12) by: **FRIDAY, AUGUST 22nd, 2014.**

Application Check List: There are six (6) sections and a Career Cluster Worksheet for you to complete. You must also complete a Photo Release and a Consent Form. All sections must be complete in order to process your application to become a mentee.

SECTION I: GENERAL INFORMATION

Please print information clearly and check that applies:

I am a first-time Mentee: ____ I am a returning Mentee: ____

First Name: _____ Last Name: _____

Address: _____
Street Address Apartment/Unit#

City _____ State _____ Zip Code _____

Phone No. _____ Mobile No. _____



Primary E-mail: _____

Secondary E-mail: _____

Is your mailing address the same as your home address? If not, please list here.

Home Address: _____

In case of emergency, please list someone we can contact. Please provide the name, telephone number, email address and relationship to you. _____

OPTIONAL: If you are interested in disclosing your disability for the sole purposes of possibly being matched with a person with the same or similar disability, please describe your type of disability here:

SECTION II: EDUCATION

Please check **one** of the following:

Currently I am a:

A. ___ Job Seeker

Higher grade completed: _____

Degree(s) Earned: _____

B. _____ High School/GED, attending: _____

Grade: _____ Graduation Year: _____

C. _____ Vocational School/License/Certificate, expected

License/Certificate: _____

Graduation Year: _____

D. _____ College/University, attending: _____

Please check your current grade.

Attending:

_____ Freshman _____ Junior

_____ Full-time

_____ Sophomore _____ Senior

_____ Part-time

Current Major(s): _____

Expected Year of Graduation: _____

E. _____ Post-Graduate School, attending: _____

Expected Degree(s): _____

Expected Year of Graduation: _____

SECTION III: PROFESSIONAL REFERENCE

(i.e. Teacher, Vocational Counselor, Job Coach, etc...)

First Name: _____ Last Name: _____

Job Title: _____

Agency Name: _____

Relationship: _____

Address: _____

Street Address

Floor/Suite

City

State

Zip Code

Contact Number: _____

E-mail Address: _____

SECTION IV: HOW DID YOU LEARN ABOUT THE DISABILITY MENTORING DAY?

- Radio/TV/Poster
- Internet/Email Blast
- Family/Friend/Colleague
- Vocational Counselor: _____
- DMD Committee Member: _____
- CUNY/SUNY/Private Institute: _____
- Other (please specify): _____
- Newsletter/Newspaper
- Career Fair/Expo
- Agency/Clubhouse

SECTION V: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

- Braille
- Computer Disk/USB Drive
- Large Print
- Service Animal

Sign Language Interpreter:

- Oral
- Tactile
- American Sign Language (ASL)
- Pidgin Sign English (PSE)

- Wheelchair access
- Walker
- Crutches

Dietary needs: _____

Aide for assistance (list name): _____

Other: _____

SECTION VI: GOALS, INTEREST, AND HOBBIES

On the space provided below (or on separate sheet of paper), briefly answer the following questions. Though **OPTIONAL**, we strongly encourage you to take advantage of the opportunity to provide more information, since this will help event organizers with the Mentor/Mentee matching process.

Please attach a copy of your résumé.

1. What do you hope to get out of Disability Mentoring Day?

2. What are your long-term career goals? _____

3. *Are you currently looking for employment or being matched with a mentor? _____

4. By checking this box, you have given permission to share your résumé with employers. _____

5. Do you work well in a fast-pace environment? _____

6. Describe job-related skills that you have (if any). If not, what skills do you hope to gain? _____

7. Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internship, and community service work.

***If you are seeking employment, please note that the DMD program does not guarantee employment.**

CAREER CLUSTER WORKSHEET

On Disability Mentoring Day, Mentees will be paired with a workplace Mentor at a job site. To make this experience more meaningful, please use the list to select your **top three choices**. If you are able to identify a specific function within a category, please also identify that function. If possible, you will be paired with a person who identified the category (ies) you select. **See example below.**

Ex. 1 Administration, such as:

1. Clerical
2. Office Management
3. Customer Service

Ex. 2 Education, such as:

1. Special Education
2. Teaching/Para-Professional
3. School Administration

Ex. 3 Human Resources, such as:

1. Staffing/Recruitment
2. Diversity/Equal Employment
3. Employee Development

___ Administration, such as:

- ___ Clerical ___ Customer Service ___ Data Entry
 ___ Office Management ___ Receptionist

___ Business/Finance, such as:

- ___ Accounting ___ Auditing ___ Banking ___ Budget
 ___ Entrepreneurship ___ Finance ___ Real Estate
 ___ Grant Writing ___ Investment Banking ___ Marketing
 ___ Payroll ___ Procurement

___ Communications/Media, such as:

- ___ Animation ___ Editor/Writer ___ Event Planning
 ___ Journalism ___ Media Marketing ___ Media Relations
 ___ Radio/TV Personality ___ Public Affairs ___ Publishing
 ___ Social Media ___ Web Design/Graphics

<input type="checkbox"/> Education, such as:		
<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> School Administration	
<input type="checkbox"/> School Counseling/Social Work	<input type="checkbox"/> Special Education	
<input type="checkbox"/> Teaching/Para-Professional		
<input type="checkbox"/> Engineering, such as:		
<input type="checkbox"/> Aerospace Engineering	<input type="checkbox"/> Civil Engineering/Architecture	
<input type="checkbox"/> Computer Engineering	<input type="checkbox"/> Electrical Engineering	
<input type="checkbox"/> General Engineering	<input type="checkbox"/> Mechanical Engineering	
<input type="checkbox"/> Health and Medicine, such as:		
<input type="checkbox"/> Healthcare Administration	<input type="checkbox"/> Medical Doctor	
<input type="checkbox"/> Medical Technician	<input type="checkbox"/> Nursing	
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> Hospitality Services, such as:		
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Event Planning	
<input type="checkbox"/> Hospitality Management	<input type="checkbox"/> Culinary Arts/Chef/Baker	
<input type="checkbox"/> Restaurant Management		
<input type="checkbox"/> Human Resources, such as:		
<input type="checkbox"/> Diversity/Equal Employment	<input type="checkbox"/> Employee Development	
<input type="checkbox"/> Employee Relations/Performance Management		
<input type="checkbox"/> Labor Relations	<input type="checkbox"/> Staffing/Recruitment	
<input type="checkbox"/> Law/Public Services, such as:		
<input type="checkbox"/> Attorney/Paralegal/Judges	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Security
<input type="checkbox"/> Museum/Fine Arts/Libraries, such as:		
<input type="checkbox"/> Archivist	<input type="checkbox"/> Arts & Artifacts/Collections	<input type="checkbox"/> Education
<input type="checkbox"/> Historian (Advanced Studies)	<input type="checkbox"/> Photography	
<input type="checkbox"/> Resource Librarian		
<input type="checkbox"/> Operations, such as:		
<input type="checkbox"/> Facilities Management:		
<input type="checkbox"/> Building Engineering	<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Support Services:	<input type="checkbox"/> Food Services	<input type="checkbox"/> Mailroom Operation
<input type="checkbox"/> Supply Management	<input type="checkbox"/> Loading Dock	

___ Performing Arts, such as:
___ Acting ___ Dance ___ Music
___ Film/Theatre Production ___ Film/Theatre Technical

___ Public Policy, such as:
___ Agriculture ___ Civil Rights ___ Economics ___ Education
___ Employment ___ Environment ___ Health ___ Transportation

___ Rehabilitation/Social Work, such as:
___ Human Services ___ Occupational Therapy
___ Physical Therapy ___ Rehabilitation Counseling
___ Speech Therapy ___ Mental Health ___ Social Work

___ Technology, such as:
___ Computer Engineering ___ Computer Programming
___ Computer Science ___ Information Technology
___ Scientist

___ Other (please describe): _____

You (and all Mentees) are responsible for getting to, and returning from, the central venue for local Disability Mentoring Day events and/or designated locations are arranged. Check with the City of New York Mayor’s Office for People with Disabilities (see p.12) to determine the details that pertain to you.

PHOTO RELEASE FORM

TO BE COMPLETED BY ALL PARTICIPANTS

NOTE: For students in high school, the authorization form must be completed by a parent or guardian as shown on last page of the Initial Consent Form (see p.10).

Photo Release: I understand that Disability Mentoring Day can attract attention from the media and that it is used to promote ongoing partnership between schools, disability organizations, and employers. I hereby grant permission to be photographed for promotional and educational purposes.

Print Name and Date

Signature

I am applying for a mentor. I understand that information contained in this application and résumé may be shared with potential mentors. I understand that the mentoring relationship may not lead directly to employment or internship. I understand that I am responsible for making transportation arrangements to and from the event. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my termination from the mentoring program.

Print Name and Date

Signature

PARENT/GUARDIAN INITIAL CONSENT FORM

Your son/daughter has been invited to attend the Disability Mentoring Day (DMD) event on Wednesday, October 15, 2014, locally coordinated by the City of New York Mayor's Office for People with Disabilities (MOPD). He/she will take part in career oriented activities designed to expose him/her to the world of employment. For further information and mailing details, please contact the Mayor's Office for People with Disabilities (see p. 12).

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY 2014

My son/daughter, _____ may participate in the Disability Mentoring Day activities on Wednesday, October 15, 2014 from 9:00 AM to 5:00 PM.

Print Name and Date

Signature

PRELIMINARY TRANSPORTATION PERMISSION

____ I understand that I am responsible for making transportation arrangements for my son/daughter to the mentoring site on Wednesday, October 15, 2014, and I understand that this may involve my son/daughter traveling between different locations during the day in vehicles that may either be School District vehicles or business-owned vehicles and may be driven either by School District employee or local business people. I further understand that, in certain cases made known to me in advance, employers may escort my son/daughter to job shadowing work site, via public transportation and that such arrangements will depend on the agency to which he/she is matched.

_____ I will provide transportation for son/daughter _____
to and from the mentoring site on Wednesday, October 15, 2014. I will
also transport him/her to the particular mentoring organization and then
back to the afternoon event in accordance with the arrangements
individually made with that organization in advance.

Signature

Date

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Print Name and Date

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Print Name and Date

Signature

Disability Mentoring Day Contact Information

For more information about DMD contact the phone number listed below. Mail the completed form to the address listed below:

Disability Mentoring Day Program

Mayor's Office for People with Disabilities

100 Gold Street, 2nd Floor, New York, NY 10038

Voice (212) 788-2830 • NY Relay (800) 421-1220 • Fax (212) 312-0960

E-mail: DMD@cityhall.nyc.gov • Website: www.nyc.gov/mopd

Follow us on: Facebook and Twitter



**Mayor's Office for
People with Disabilities**