

MENTOR APPLICATION

New York City

ARE YOU AN EMPLOYER LOOKING TO BE A WORKPLACE MENTOR?

Disability Mentoring Day (DMD) enables students and jobseekers with a disability to spend part of a day visiting a business, educational institution, non-profit, or government agency. This is an opportunity to create a “foot on the door” to the workplace; evaluate personal goals; target career skills for improvement; explore possible career path; and develop lasting mentor relationships. **Thank you for being a Mentor!**

It all begins with this application, so fill it out, send it in, and spread the word! Complete this form, and return by mail, fax, e-mail to the address listed on page 5 by: **FRIDAY, AUGUST 22nd, 2014.**

SECTION I: GENERAL INFORMATION

Please print information clearly and check the box that applies:

I am a first-time Mentor: I am a returning Mentor:

Name of Business, Government Agency, Non-Profit, Educational Institution:

On-site Coordinator:

Address:

Street Address

Suite/Floor

City

State

Zip Code

Phone No.

 Fax No.

E-mail Address:

SECTION II: WORK EXPERIENCE INFORMATIONJob Title:

Summary of General Job Responsibilities:



SECTION III: WORKPLACE LOGISTICS

Below, please check the setting that most accurately describes the place at which you work.

- Private Business Government Agency
 Non-profit Organization Educational Institution

Is your facility wheelchair accessible? Yes No

1. Does your business, organization, or agency offer internship or job opportunities? If so, please briefly describe these opportunities, including the areas of focus for such a program. If the Mentee pool permits, we will do everything we can to match you up with individuals who may be interested in separately applying for an internship or job opportunity that your organization may be offering. Feel free to include websites to visit and to use additional sheets of paper.

2. What experiences have you had in working with people who have disabilities?

3. Prior to Disability Mentoring Day, the Mayor's Office for People with Disabilities provides Mentoring Training Sessions. Please indicate if you would like to receive information.

- YES**, I will like to receive information regarding "Mentor Etiquette Training Sessions."
 NO, I do not want to receive information regarding "Mentor Etiquette Training Sessions."

4. How did you learn about the Disability Mentoring Day Program?

- Radio/TV/Poster Newsletter/Newspaper Internet/E-mail Blast
 HR/Diversity Event Facebook/Twitter Past Participant

DMD Committee Member: _____

Other: _____



SECTION IV: MENTEES EXPECTATIONS

Please rank the grade level of mentees that you hope to host for Disability Mentoring Day. Every effort will be made to meet your preferences with individuals interested in your particular field of work. However, some individuals may be currently undecided.

- High School students: Junior Senior
- College students: Freshman Sophomore Junior Senior
- Students involved in post-graduate work Job-seekers, not currently in school
- No preference; the most important factor is their area of interest.

SECTION V: GENERAL INFORMATION FOR WORKPLACE COORDINATORS

If your organization plans to host a few mentees, and involve several of your employees in the mentoring process, please fill out this section. Check all that apply.

- One-on-one job shadowing Tour of company site
- Small group discussion with all mentees Information packets given to mentees
- Lunch with mentees, provided by organization
- Mentees given opportunity to explore several work areas

*Total number of Mentees to host: _____ Total number of Workplace Mentors: _____

***We do not guarantee the ability to match your requested number of Mentees.**

Workplace Coordinators are asked to gather applications from their offices and send together. Every attempt will be made to match each Mentor with a Mentee, but in the event that this is not possible, advance notice will be provided, so you may modify your planned agenda.

PHOTO RELEASE FORM

New York City

TO BE COMPLETED BY ALL PARTICIPANTS

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

Print Name and Date_____
Signature

CAREER CLUSTER WORKSHEET

New York City

On Disability Mentoring day, Mentees will be paired with a Workplace Mentor at a job site. To make this experience more meaningful, please rate your **top three choices** among the following career categories. If you are able to identify a specific function within a category, please also identify that function.

See example below.

<p>Example: 1 Administration:</p> <p>1. Clerical 2. Office Management 3. Customer Service</p>	<p>Example: 2 Communications/Media:</p> <p>1. Web Design/Graphics 2. Publishing 3. Media Marketing</p>	<p>Example: 3 Human Resources:</p> <p>1. Staffing/Recruitment 2. Diversity/Equal Employment 3. Employee Development</p>
<p>__ Administration, such as: __ Clerical __ Customer Service __ Data Entry __ Office Management __ Receptionist</p>	<p>__ Business/Finance, such as: __ Accounting __ Auditing __ Banking __ Budget __ Entrepreneurship __ Finance __ Real Estate</p>	<p>__ Communications/Media, such as: __ Animation __ Radio-TV Personality __ Editor/Writer __ Event Planning __ Journalism __ Media Marketing __ Web Design/Graphics</p>
<p>__ Education, such as: __ Early Childhood Education __ School Administration __ School Counseling/Social Work __ Special Education __ Teaching/Para-Professional</p>	<p>__ Engineering, such as: __ Aerospace Engineering __ Civil Engineering/Architecture __ Computer Engineering __ Electrical Engineering __ General Engineering __ Mechanical Engineering</p>	<p>__ Health and Medicine, such as: __ Healthcare Administration __ Medical Doctor __ Medical Technician __ Nursing __ Pharmacist __ Physician Assistant</p>
<p>__ Hospitality Services, such as: __ Customer Service __ Event Planning __ Hospitality Management __ Culinary Arts/Chef/Baker __ Restaurant Management</p>	<p>__ Human Resources, such as: __ Diversity/Equal Employment __ Employee Development __ Employee Relations/ Performance Management __ Labor Relations __ Staffing/Recruiting</p>	<p>__ Law/Public Services, such as: __ Attorney/Paralegal/Judges __ Law Enforcement __ Security</p> <p>__ Museum/Fine Arts/Libraries, such as: __ Archivist __ Arts & Artifacts/Collections __ Education __ Historian (Advanced Studies) __ Photography __ Resource Librarian</p>
<p>__ Operations, such as: __ Facilities Management: __ Building Engineering __ Maintenance __ Support Services: __ Food Services __ Loading Dock __ Mailroom Operation __ Supply Management</p>	<p>__ Performing Arts, such as: __ Acting __ Dance __ Music __ Film/Theatre Production __ Film/Theatre Technical</p>	<p>__ Public Policy, such as: __ Agriculture __ Transportation __ Civil Rights __ Economics __ Education __ Employment __ Environment __ Health</p>
<p>__ Rehabilitation/Social Work, such as: __ Human Services __ Occupational Therapy __ Physical Therapy __ Rehabilitation Counseling __ Speech Therapy</p>	<p>__ Technology, such as: __ Computer Engineering __ Computer Programming __ Computer Science __ Information Technology __ Scientist</p>	<p>__ Other (please describe): _____ _____</p>



DISABILITY MENTORING DAY CONTACT INFORMATION

New York City

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

