

MENTEE APPLICATION 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, SEPTEMBER 5, 2008.

Application Check List: There are six sections and a career cluster worksheet for you to complete. There is a photo release and a consent form to sign. All sections must be complete in order to process your application to become a mentee.

SECTION I: GENERAL INFORMATION

Check the box that applies:

First-time Mentee: Returning Mentee: Mrs. Ms. Mr.

First Name: _____ Last Name: _____

Address: _____
Street Address Apartment / Unit#

City

State

Zip Code

Phone / TTY: _____ Cellular Number: _____

E-mail Address: _____

In case of Emergency contact (Name/Telephone Number / E-mail Address):

If you are interested in disclosing your disability for the 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:

Job seeker

High School / GED, attending: _____

Grade: _____ Graduation Year: _____

Vocational School / License / Certificate: Graduation Year: _____

College / University, attending: _____

Present Status: Freshman: Sophomore: Junior: Senior: Attending:

Part-time: Full-time:

Major(s) and / or educational interest: _____

Expected Year of Graduation: _____

Post-Graduate School, attending: _____

Degree(s): _____ Expected Year of Graduation: _____

SECTION III: HOW DID YOU LEARN ABOUT DISABILITY MENTORING DAY?

- Radio/TV/Poster

 Newsletter/Newspaper
 Internet/E-mail Blast

 Career Expo Event
 Vocational Counselor

 Family/Friend/Colleague
 DMD Committee Member
 CUNY/SUNY/Private Institute: _____
 Other (please specify): _____

SECTION IV: LIST A REFERENCE

(i.e. Teacher, Counselor, Professor, Services Provider, Agency Contact)

Full Name: _____

Job Title: _____

Relationship: _____

Address: _____

City

State

ZIP Code

Phone / TTY: _____

E-mail Address: _____

SECTION V: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

Braille Computer disk Large print

Sign Language Interpreter

Oral Tactile ASL PSE

Wheelchair access

Dietary needs _____

Other _____

SECTION VI: GOALS, INTERESTS, 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 this 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 looking for employment or being matched with a mentor?

4. Check this box , if you would like us to give your résumé to employers.

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

6. Describe your paid and / or unpaid work experience (if any). Include extra-curricular activities, internships, and community service work (attach additional sheets if necessary).

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

CAREER CLUSTER WORKSHEET

New York City Area

You (and all Mentees) are responsible for getting to, and returning from, the central venue for local Disability Mentoring events and / or designated locations as 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.

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.

Example: 1 COMMUNICATIONS, such as: Editor/Writer
 1 Event Planning 2 Public Affairs

If possible, you will be paired with a person who identified the category (ies) you select.

INSTRUCTIONS: Place the number of your choice next to the appropriate career cluster below.

1=First Choice

2=Second Choice

3=Third Choice

 ADMINISTRATION, such as:
 Clerical Data Entry
 Office Management
 Customer Service / Receptionist Duties

 BUSINESS / FINANCE, such as:
 Accounting Auditing
 Budget
 Entrepreneurship / Business Owner
 Marketing Payroll
 Procurement Sales

_____ **COMMUNICATIONS, such as:**

- _____ Editor / Writer
- _____ Event Planning
- _____ Media Relations
- _____ Publishing (Design, Editorial, Production)
- _____ Public Affairs

_____ **HUMAN RESOURCES, such as:**

- _____ Employee Development
- _____ Employee Relation / Performance Management
- _____ Diversity / Equal Employment
- _____ Labor Relations
- _____ Staffing / Recruitment

_____ **LAW, such as:**

- _____ Law Enforcement / Security
- _____ Legal (attorney, paralegal, judges)

_____ **MUSEUMS, such as:**

- _____ Advanced Studies (Historian)
- _____ Collections / Arts and Artifacts (Archivist; Curator Duties; Registrar Conservation; Film / Video; Oral History)
- _____ Education (Community Partnership; Outreach)
- _____ Exhibition (Exhibition Development; Exhibition Research Historian; Traveling Exhibition; Special Exhibition Coordinator)

_____ **PERFORMING ARTS, such as:**

- _____ Dance
- _____ Theatre / Musical Theatre
- _____ Music / Opera / Singing
- _____ Other: _____

_____ **PUBLIC POLICY, such as:**

- | | |
|----------------------|--------------------|
| _____ Agriculture | _____ Economics |
| _____ Education | _____ Employment |
| _____ Environment | _____ Health |
| _____ Transportation | _____ Other: _____ |

REHABILITATION/SOCIAL WORK, such as:

- Physical Therapy
- Rehabilitation Counseling
- Social Work
- Health and Medicine

OPERATIONS, such as:

- Facilities Management:
 - Building Engineer
 - Maintenance
- Support Service:
 - Food Services
 - Loading Dock
 - Mail Operation
 - Supply Management

TECHNOLOGY, ENGINEERING, AND SCIENCE, such as:

- Computers:
 - Information Technology
 - Computer Engineering
 - Computer Science

Other (Please Describe): _____

PHOTO RELEASE FORM
New York City Area

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 (provided separately).

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.

Signature

Date

Print Name

Disclaimer: I am applying for a mentor. I understand that information contained in this application may be shared with potential mentors. I understand that the mentoring relationship may not lead directly to employment. 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.

PARENT / GUARDIAN INITIAL CONSENT FORM
New York City Area

Your son / daughter has been invited to attend the Disability Mentoring Day (DMD) event on Wednesday, October 15, 2008, nationally hosted by the American Association of People with Disabilities (AAPD) and 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 please contact the Mayor's Office for People with Disabilities (see p. 12).

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY 2008

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

Signature

Date

Print Name

PRELIMINARY TRANSPORTATION PERMISSION:

_____ I understand that I am responsible for making transportation arrangements for my son / daughter to this event, 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 employees 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 sites via public transportation and that such arrangements will depend on the agency to which he / she is matched.

_____ I will provide transportation for my son/daughter _____
to and from the mentoring site on Wednesday, October 15th, 2008. I will also
transport him / her to the particular mentoring organization and then back to the
afternoon event in accordance with arrangements individually made with that or-
ganization in advance.

Signature

Date

PHOTO RELEASE: I further understand that the Disability Mentoring Day can
attract attention from the media and that it is used to promote ongoing partner-
ships between schools, disability organizations, and employers. I hereby grant
permission to photograph my above-mentioned son/daughter for promotional and
educational purposes.

Signature

Date

Print Name

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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.

For more information about DMD contact the phone number below:
Mail to the address below:

Disability Mentoring Program
Mayor's Office for People with Disabilities
100 Gold Street, 2nd Floor
New York, New York 10038

Voice (212) 788-2830 • TTY (212) 788-2838 • Fax (212) 341-9843

E-mail: DMD@cityhall.nyc.gov

