

**MENTEE APPLICATION 2012
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 (11) by: **FRIDAY, AUGUST 24, 2012.**

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 Email: _____

Secondary Email: _____

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: _____

Email Address: _____



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

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

SECTION V: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

- Braille
- Computer Disk/USB Drive
- Large Print

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-paced 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 **3** 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



___ Education, such as:
___ Early Childhood Education ___ School Administration
___ School Counseling/Social Work ___ Special Education
___ Teaching/Para-Professional

___ Engineering, such as:
___ Aerospace Engineering ___ Civil Engineering/Architecture
___ Computer Engineering ___ Electrical Engineering
___ General Engineering ___ Mechanical Engineering

___ Health and Medicine, such as:
___ Healthcare Administration ___ Medical Doctor
___ Medical Technician ___ Nursing
___ Pharmacist ___ Physician Assistant

___ Hospitality Services, such as:
___ Customer Service ___ Event Planning
___ Hospitality Management ___ Culinary Arts/Chef/Baker
___ Restaurant Management

___ Human Resources, such as:
___ Diversity/Equal Employment ___ Employee Development
___ Employee Relations/Performance Management
___ Labor Relations ___ Staffing/Recruitment

___ Law/Public Services, such as:
___ Attorney/Paralegal/Judges ___ Law Enforcement ___ Security

___ Museum/Fine Arts/Libraries, such as:
___ Archivist ___ Arts & Artifacts/Collections ___ Education
___ Historian (Advanced Studies) ___ Photography
___ Resource Librarian

___ Operations, such as:
___ Facilities Management:
 ___ Building Engineering ___ Maintenance
___ Support Services: ___ Food Services ___ Mailroom Operation
 ___ Supply Management ___ 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.11) 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.11).

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 17, 2012, 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. 11).

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY 2012

My son/daughter, _____ may participate in the Disability Mentoring Day activities on Wednesday, October 17, 2012 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 17, 2012, 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 17, 2012. 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

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) 341-9483 •

Email: DMD@cityhall.nyc.gov • Website: www.nyc.gov/mopd

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