

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 2007. Complete this form and a résumé attach, and return by mail, fax, or e-mail to the address listed on page 8 by: **FRIDAY, SEPTEMBER 7, 2007**

Application Check List: There are five 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: _____

Date: _____ Date of Birth (optional): _____

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *Zip Code*

Phone: _____ Cell: _____ TTY: _____

E-mail Address: _____

In case of Emergency contact (name/telephone number/email 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** (not currently in school)
- 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: LIST A REFERENCE

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

Full Name: _____

Job Title: _____

Relationship: _____

Address: _____
Street Address City State ZIP Code

Phone: _____ Cell: _____ TTY: _____

Fax: _____ E-mail Address: _____

SECTION IV: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

- | | |
|--|--|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Computer disk | <input type="checkbox"/> Oral <input type="checkbox"/> Tactile <input type="checkbox"/> ASL <input type="checkbox"/> PSE |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Dietary needs _____ |
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Other _____ |

SECTION V: 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.) In order to fulfill your long-term career goals, please check off that applies:

a. I am interested in career exploration

b. I am interested in coaching to enhance critical job search skills such as communication, interviewing, résumé building, networking

c. I am interested in learning more about Social Security Work Incentives Program

4.) Are you looking for employment or being matched with a mentor?

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

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

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

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

CAREER CLUSTERS WORKSHEET

New York City Area



NAME: _____

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. 5, 6 or 8) 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) |
|--------------------------------|---|

MILITARY

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

PUBLIC POLICY, such as:

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

REHABILITATION/SOCIAL WORK, such as:

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

OPERATIONS, such as:

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

TECHNOLOGY, ENGINEERING, AND SCIENCE, such as:

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

OTHER (please describe): _____



For more information about DMD contact:

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.

**Please return this completed application to
Disability Mentoring Day Program
Mayor's Office for People with Disabilities
100 Gold Street, 2nd Floor
New York, New York 10038
Telephone: (212) 788-2830
TTY: (212) 788-2838
Fax: (212) 341-9843
E-mail Address: DMD@cityhall.nyc.gov**

**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 17, 2007, 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. 5, 6 or 8).

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY

My son/daughter, _____, may participate in the Disability Mentoring Day activities on **Wednesday, October 17th** 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 17th, 2007. 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 organization in advance.

Signature

Date

DISABILITY MENTORING DAY - PARENT/GUARDIAN INITIAL CONSENT FORM – CONTINUED

PHOTO RELEASE. I further understand that the 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 photograph my above-mentioned son/daughter for promotional and educational purposes.

Signature

Date

Print Name

Disclaimer: I am applying for a mentor for my son/daughter. 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.

**Please return this completed application to
Disability Mentoring Day Program
Mayor’s Office for People with Disabilities
100 Gold Street, 2nd Floor
New York, New York 10038
Telephone: (212) 788-2830
TTY: (212) 788-2838
Fax: (212) 341-9843
E-mail Address: DMD@cityhall.nyc.gov**