

**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 □ 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

□ 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?

1. What are your long-term career goals?

1. **\***Are you currently looking for employment or being matched with a mentor?

1. □ By checking this box, you have given permission to share your résumé with employers.
2. Do you work well in a fast-pace environment?
3. Describe job-related skills that you have (if any). If not, what skills do you hope to gain?

1. 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.**

\_\_\_Business/Finance, such as:

\_\_\_Accounting \_\_\_Auditing \_\_\_Banking \_\_\_Budget

\_\_\_Entrepreneurship \_\_\_Finance \_\_\_Real Estate

\_\_\_Grant writing \_\_\_Investment Banking \_\_\_Marketing

\_\_\_Payroll \_\_\_Procurement \_\_\_Sales

\_\_\_Administration, such as:

\_\_\_Clerical \_\_\_Customer Service \_\_\_Data Entry

\_\_\_Office Management \_\_\_Receptionist

\_\_\_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

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

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 | |
|  | |

**CAREER CLUSTER WORKSHEET**

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

Public Policy, such as:

Agriculture Civil Rights Economics Education

Employment Environment Health Transportation

Performing Arts, such as:

Acting Dance Music

Film/Theatre Production Film/Theatre Technical

Rehabilitation/Social Work, such as:

Human Services Occupational Therapy

Physical Therapy Rehabilitation Counseling

Speech Therapy Mental Health Social Work

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.

Technology, such as:

Computer Engineering Computer Programming

Computer Science Information Technology

Scientist

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

**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

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 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

PARENT/GUARDIAN INITIAL CONSENT FORM

**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

**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

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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](mailto:DMD@cityhall.nyc.gov) • Website: [www.nyc.gov/mopd](http://www.nyc.gov/mopd)

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