

**MENTEE APPLICATION**

New York City

**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 a career paths; and develop lasting mentor relationships awaits you. Complete this form, attach a résumé, and return by mail, fax, or e-mail to the address listed on page 5 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 the box that applies:**

Are you a first-time Mentee: Are you a returning Mentee: 

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address

Apt/Unit No.

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, e-mail address and relationship to you.**

**OPTIONAL:** If you are interested in disclosing your disability for the sole purpose 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

Highest 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:

\_\_\_\_\_

College Student: Please check your current grade.

Freshman  Sophomore  Junior  Senior

Attending:  Full-time  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  
DISABILITY MENTORING DAY?**

Radio/TV/Poster

Newsletter/Newspaper

Internet/Email Blast

Career Fair/Expo Event

Family/Friend/Colleague

Agency/Clubhouse

Vocational/Career Counselor:

\_\_\_\_\_

DMD Committee Member:

\_\_\_\_\_

CUNY/SUNY/Private Institute:

\_\_\_\_\_

Other (please specify):

\_\_\_\_\_



### SECTION V: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

- Braille                       Large Print                       Computer Disk/USB Drive                       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): \_\_\_\_\_

### SECTION VI: GOALS, INTERESTS, AND HOBBIES

On the space provided below (or on a 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 Mentee/ Mentor 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-pace 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

### 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 use the list below 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.**

<b>Example: 1 Administration:</b>	<b>Example: 2 Communications/Media:</b>	<b>Example: 3 Human Resources:</b>
1. Clerical 2. Office Management 3. Customer Service	1. Web Design/Graphics 2. Publishing 3. Media Marketing	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	___ Communications/Media, such as: ___ Animation ___ Radio-TV Personality ___ Editor/Writer ___ Event Planning ___ Journalism ___ Media Marketing ___ 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/Recruiting	___ Law/Public Services, such as: ___ Attorney/Paralegal/Judges ___ Law Enforcement ___ Security
___ Operations, such as: ___ Facilities Management: ___ Building Engineering ___ Maintenance ___ Support Services: ___ Food Services ___ Loading Dock ___ Mailroom Operation ___ Supply Management	___ Performing Arts, such as: ___ Acting ___ Dance ___ Music ___ Film/Theatre Production ___ Film/Theatre Technical	___ Public Policy, such as: ___ Agriculture ___ Transportation ___ Civil Rights ___ Economics ___ Education ___ Employment ___ Environment ___ Health
___ Rehabilitation/Social Work, such as: ___ Human Services ___ Occupational Therapy ___ Physical Therapy ___ Rehabilitation Counseling ___ Speech Therapy	___ 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 events and/or designated locations are arranged. Check with the City of New York Mayor's Office for People with Disabilities (see p.5 ) to determine the details that pertain to you.



## 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 (see p. 6).

**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

## 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](mailto:DMD@cityhall.nyc.gov) • Website: [www.nyc.gov/mopd](http://www.nyc.gov/mopd)  
Follow us on: Facebook and Twitter



**PARENT/GUARDIAN INITIAL CONSENT FORM**

New York City

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. 5).

**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**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 photograph my above-mentioned son/daughter for promotional and educational purposes.

\_\_\_\_\_  
Print Name and Date\_\_\_\_\_  
Signature

I am applying for a mentor for my son/daughter. 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 the application may result in the termination from the mentoring program.

\_\_\_\_\_  
Print Name and Date\_\_\_\_\_  
Signature