

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 IV: LIST A REFERENCE

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

Full Name:

Job Title:

Relationship:

Address:

City	State	ZIP Code
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Phone / TTY: _____

E-mail Address: _____

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 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-paced environment?

6. Describe your paid and/or unpaid work experience (if any). Include extracurricular 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. 6) 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 21, 2009, 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. 6).

PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY 2009

My son/daughter, _____, may participate in the Disability Mentoring Day activities on Wednesday, October 21st 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 21st, 2009. 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

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 the application may result in the 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