



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 a career path; and develop lasting mentor relationships awaits you. Complete this form, attach a resume, and return by mail, fax, or email to the address listed on page 5 by: **Friday, August 24th, 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 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 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 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: _____

Email 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
- 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, 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

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 **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.**

Example: 1 Administration: 1. <u>Clerical</u> 2. <u>Office Management</u> 3. <u>Customer Service</u>	Example: 2 Communications/Media: 1. <u>Web Design/Graphics</u> 2. <u>Publishing</u> 3. <u>Media Marketing</u>	Example: 3 Human Resources: 1. <u>Staffing/Recruitment</u> 2. <u>Diversity/Equal Employment</u> 3. <u>Employee Development</u>	
__ Administration, such as: __ Clerical __ Customer Service __ Data Entry __ Office Management __ Receptionist	__ Business/Finance, such as: __ Accounting __ Grant Writing __ Auditing __ Investment Banking __ Banking __ Marketing __ Budget __ Payroll __ Entrepreneurship __ Procurement __ Finance __ Sales __ Real Estate	__ Communications/Media, such as: __ Animation __ Media Relations __ Radio-TV Personality __ Editor/Writer __ Public Affairs __ Event Planning __ Publishing __ Journalism __ Social Media __ 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	__ 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 __ 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 __ Mental Health __ Occupational Therapy __ Social Work __ 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

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) 341-9843

Email: DMD@cityhall.nyc.gov • Website: 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 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. 5).

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

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