

# MENTEE APPLICATION 2012 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 (11) by: **FRIDAY, AUGUST 24, 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 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 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 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: \_\_\_\_\_

Email 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

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?

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2. What are your long-term career goals? \_\_\_\_\_

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

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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? \_\_\_\_\_

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7. Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internship, and community service work.

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\*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 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.**

<b>Ex. 1 Administration, such as:</b> 1. <u>Clerical</u> 2. <u>Office Management</u> 3. <u>Customer Service</u>	<b>Ex. 2 Education, such as:</b> 1. <u>Special Education</u> 2. <u>Teaching/Para-Professional</u> 3. <u>School Administration</u>
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**Ex. 3 Human Resources, such as:**  
 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  
 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

___ 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		

\_\_\_ Performing Arts, such as:  
\_\_\_ Acting \_\_\_ Dance \_\_\_ Music  
\_\_\_ Film/Theatre Production \_\_\_ Film/Theatre Technical

\_\_\_ Public Policy, such as:  
\_\_\_ Agriculture \_\_\_ Civil Rights \_\_\_ Economics \_\_\_ Education  
\_\_\_ Employment \_\_\_ Environment \_\_\_ Health \_\_\_ Transportation

\_\_\_ Rehabilitation/Social Work, such as:  
\_\_\_ Human Services \_\_\_ Occupational Therapy  
\_\_\_ Physical Therapy \_\_\_ Rehabilitation Counseling  
\_\_\_ Speech Therapy \_\_\_ Mental Health \_\_\_ Social Work

\_\_\_ 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 Day events and/or designated locations are arranged. Check with the City of New York Mayor's Office for People with Disabilities (see p.11) to determine the details that pertain to you.





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.11).

**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



ou  
ay (DMD) event on Wednesday, October 17, 2012, locally coordinated  
/ the City of New York Mayor's Office for People with Disabilities  
(OOPD). He/she will take part in career-oriented activities designed to  
xpose him/her to the world of employment. For further information and  
ailing details, please contact the Mayor's Office for People with  
isabilities (see p. 11).

**PERMISSION TO PARTICIPATE IN  
DISABILITY MENTORING DAY 2012**

y son/daughter, \_\_\_\_\_ may participate in  
e Disability Mentoring Day activities on Wednesday, October 17, 2012  
om 9:00 AM to 5:00 PM.

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

\_\_\_\_\_  
Signature

**PRELIMINARY TRANSPORTATION PERMISSION**

I understand that I am responsible for making transportation  
rangements for my son/daughter to the mentoring site on Wednesday,  
ctober 17, 2012, and I understand that this may involve my  
on/daughter traveling between different locations during the day in  
ehicles that may either be School District vehicles or business-owned  
ehicles and may be driven either by School District employee or local  
usiness people. I further understand that, in certain cases made known  
me in advance, employers may escort my son/daughter to job  
adowing work site, via public transportation and that such  
rangements will depend on the agency to which he/she is matched.

I will provide transportation for son/daughter  
and from the mentoring site on Wednesday, October 17, 2012. I will  
**Photo Release:** I understand that Disability Mentoring Day can attract  
so transport him/her to the particular mentoring organization and then  
attention from the media and that it is used to promote ongoing  
back to the afternoon event in accordance with the arrangements  
partnership between schools, disability organizations, and employers. I  
individually made with that organization in advance.  
I hereby grant permission to be photographed for promotional and  
educational purposes.

Signature	Date
Print Name and Date	Signature

I am applying for my son/daughter. I understand that information  
contained in this application and résumé may be shared with potential  
employers. 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 my termination from the mentoring program.

Signature	Date
Print Name and Date	Signature

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

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