



**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

Phone: \_\_\_\_\_

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?

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2. What are your long-term career goals?

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3. Are you looking for employment or being matched with a mentor?

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4. Check this box , if you would like us to give your résumé to employers.

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5. Do you work well in a fast-paced environment?

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6. Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work (attach additional sheets if necessary).

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7. Describe job-related skills that you have (if any). If not, what skills do you hope to gain?

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## 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  
    Scientist

    **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 19, 2011, 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 2011**

My son/daughter, \_\_\_\_\_, may participate in the Disability Mentoring Day activities on Wednesday, October 19th 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 19th, 2011. 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](mailto:DMD@cityhall.nyc.gov)

Website: [www.nyc.gov/mopd](http://www.nyc.gov/mopd)

Follow us on: Facebook/Twitter