**2018 DC Disability Mentoring Days**

**October 15 – October 31, 2018**

## Mentor Application Form

**(Deadline Submission: Friday, September 28, 2018)**

### Agency Coordinator Information – Please print

(Please be advised that the government agency coordinator must have a current police background check in order to fulfill his/her mentoring responsibilities.)

Disability Mentoring Days begin October 15 and end October 31, 2018. Each business or government agency should choose one day or series of days to host two or more job seekers and/or students with disabilities. The business/agency coordinator will be responsible for meeting the student, answering questions, arranging appointments/events, and escorting the student to appointments/meetings/events. Each student should have the opportunity to meet with the business/agency director, meet with staff in different departments, and get a tour of the facilities and services.

This is an opportunity for the agency to show off its services, facilities, and people! Some examples of activities in the past are:

* Ride-along with police/emergency personnel
* Tour of recreation facilities
* Meeting and photo with the Director
* Shadowing call-taking personnel
* Assisting with television broadcast
* Lunch with staff

Please contact Alison Whyte (alison.whyte@dc.gov, 202-727-8005) or Julia Wolhandler (julia.wolhandler@dc.gov, 202-727-2890) for ideas or assistance with arranging activities.

**Business / Agency Coordinator Information – Please print**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_voice/tty Other #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you participated in Disability Mentoring Day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Business / Agency Information

Name of Business/ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred participation dates between October 15th and October 31st: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of mentors from this business/agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of job seekers/students agency is willing to host (Encouraged to host 2 or more mentees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred education level of Students: \_\_\_High School \_\_\_College/University

Is your facility(ies), including bathrooms, wheelchair accessible?

 \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know (ODR and DDC can survey)

### Career Information

Briefly describe the job duties of the staff conducting the mentoring activities for the students.

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Would you like your student(s) to have a particular career interest? \_\_Yes \_\_No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate the possible activities a student might participate in during Disability Mentoring Day. (Check all that apply)

\_\_\_Tour of Facility

\_\_\_Meetings/Events

\_\_\_Job Shadow with multiple staff/departments

\_\_\_Meeting with Agency Director

\_\_\_Lunch (Optional – You are not required to purchase lunch for your job seekers and students. Only check this activity if you plan to purchase lunch for your mentees.)

\_\_\_Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Photo Release

I understand that the Disability Mentoring Days (DMDs) can attract attention from the media and that it is used to provide ongoing partnerships between schools, disability organizations, and the business community. I hereby grant permission to be photographed for promotional and educational purposes.

\_\_\_I agree to the terms of the Photo Release

\_\_\_I do not agree to the terms of the photo release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date