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| AAPD DMD Logo |  |  |

### 2018 MENTEE APPLICATION

# Washington, D.C.

Disability Mentoring Days enable job seekers and students to spend a day visiting a business or a government agency that matches their interests and to have one-on-one time with volunteer workplace mentors. This is an opportunity to underscore the connection between school and work, evaluate personal goals, learn about career opportunities in the DC metropolitan area, develop mentoring relationships with professional leaders, and learn the skills you need to succeed. To participate, complete this form and **SUBMIT BY: Friday, September 28, 2018. Incomplete application forms will not be considered. PLEASE NOTE: Applicants must be 18 years of age or older to participate.**

## SECTION I: GENERAL INFORMATION

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_

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

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## Landline Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### SECTION II: EDUCATION

Please check one of the following.

 \_\_\_ **High school**, attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

 \_\_\_ **Vocational School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

 \_\_\_ **College/University**, attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major(s) or area of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected Date of Graduation: \_\_\_\_\_

 \_\_\_ **Post-Graduate School**, attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Highest level of education attained (Check One):

\_\_\_ Some high school \_\_\_ College Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ High School Diploma \_\_\_ Post-Graduate Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Vocational License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### SECTION IV: REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

 \_\_\_ Braille \_\_\_ Sign Language Interpreter

 \_\_\_ Computer disk \_\_\_ Oral \_\_ Tactile \_\_ ASL \_\_\_ PSE

 \_\_\_ Large print \_\_\_ Dietary needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ Wheelchair access \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION V: PRIMARY MEANS OF TRANSPORTATION**

***Students are responsible for providing their own means of transportation to and from their worksite.*** Please indicate which form of transportation you will use. Check all that is applicable:

Bus\_\_\_\_\_\_\_\_\_\_\_ Metro\_\_\_\_\_\_\_\_\_\_\_ Car\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VI: GOALS, INTERESTS, AND HOBBIES**

On a separate sheet of paper, briefly answer the following questions in 500 words or less. This required section provides more information that will help event organizers with the mentor/mentee matching process. Attaching a resume with the application form is encouraged.

1. What do you hope to get out of Disability Mentoring Day?
2. What are your long-term career goals and interests?
3. What are 2-3 things that you’re REALLY good at?

**CAREER INTERESTS WORKSHEET**

On Disability Mentoring Day, student mentees may be paired with a mentor at a job site. To make your experience more meaningful, please rate your top three choices among the following career interests. If possible, you will be paired with a person in one of the interests you selected.

INSTRUCTIONS: Place the number of your choice next to the appropriate career cluster below.

1 = First Choice 2 = Second Choice 3 = Third Choice

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Arts and Communication

\_\_\_\_\_ Business and Marketing

\_\_\_\_\_ Education

\_\_\_\_\_ Food, Recreation, and Hospitality

\_\_\_\_\_ Health and Medicine

\_\_\_\_\_ Human Services

\_\_\_\_\_ Law, Government, and Public Policy

\_\_\_\_\_ Law Enforcement

\_\_\_\_\_ Library Sciences

\_\_\_\_\_ Natural Resources, Environment and Agriculture

\_\_\_\_\_ Technology, Engineering and Science

\_\_\_\_\_ Other.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please List)

For more information about DMD program:

Please contact Alison Whyte, Executive Director

DC Developmental Disabilities Council

Phone: 202-727-8005 Email: alison.whyte@dc.gov

Please mail, email, or fax your completed application to:

Alison Whyte

DC Developmental Disabilities Council

441 4th Street NW

Suite 721 North

Washington, D.C. 20001

Email: alison.whyte@dc.gov

FAX: 202-727-9484

**Completed Applications are due:**

**Friday, September 28, 2018**

### Disability Mentoring Day 2018

### PHOTO RELEASE FORM

**TO BE COMPLETED BY ALL PARTICIPANTS**

**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