



## 2014 MENTEE APPLICATION Washington, D.C.

Disability Mentoring Days enable 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 relationship with professional leaders; and learn the skills you need to succeed. To participate, complete this form and **SUBMIT BY: Friday, October 3, 2014. Students are encouraged to thoroughly complete the application form. Incomplete application forms will not be considered.**

### SECTION I: GENERAL INFORMATION

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

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

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

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 separate sheets of paper, briefly answer the following questions. 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?
- 3.) Describe your major(s) and/or educational interest(s)
- 4.) Beyond high school, from what schools have you graduated and when?
- 5.) Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work.
- 6.) Describe job-related skills that you have (if any). If not, what skills do you hope to gain?

# CAREER INTERESTS WORKSHEET

On Disability Mentoring Day, Mentees may be paired with a workplace 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)

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For more information about DMD program:  
Please contact Mat McCollough, Executive Director  
DC Developmental Disabilities Council  
Phone: 202-727-6744

Please mail, email, or fax your completed application to:  
Mat McCollough  
DC Developmental Disabilities Council  
441 4<sup>th</sup> Street NW  
Suite 721 North  
Washington, D.C. 20001  
Email: [mathew.mccollough@dc.gov](mailto:mathew.mccollough@dc.gov)  
FAX: 202-727-9484

**Completed Applications are due:  
Friday, October 3, 2014**

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# DISABILITY MENTORING DAY 2014

## 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

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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