Dear Prospective Mentor:

We want to offer you a chance to be a mentor to a student or job seeker with a disability who is interested in your field by participating in Disability Mentoring Day (DMD) on Wednesday, October 15, 2014.

DMD is designed to bring students and job seekers with disabilities into the workplace where they can learn about various career opportunities. Through DMD, students or job seekers are paired with a career professional to learn what it means to work in that field or occupation - observe a typical workday; identify necessary skills; and learn about possible internships or employment prospects. While DMD is a one-day event, mentors and mentees are encouraged to stay in touch after the event. Mentoring is invaluable and beneficial for both the mentor and student, advancing career development and personal growth.

Disability Mentoring Day originated at the White House in 1999 with less than three dozen local students participating. Now hosted by AAPD, the nation’s largest cross-disability membership organization, and funded publicly by the Office of Disability Employment Policy of the U.S. Department of Labor and the Social Security Administration, DMD has evolved significantly to encompass participation in all fifty states and many countries around the world. To find out more about DMD, please visit our website at: www.dmd-aapd.org.

To participate in DMD, please return the attached Mentor Application form to Center on Disability Studies by fax (808) 956-4437 or email voletou@hawaii.edu

The benefits are enormous: You will be part of a global community who walks the diversity talk and gives opportunities to job seekers and students. Additionally, your company name and logo will be on our website for one year. We want people to know, including your customers and clients, that you are part of a growing sector that embraces inclusion and diversity.

If you have any additional questions, please do not hesitate to contact us. We hope you will take advantage of this mentoring opportunity and join us on October 15. We would love to have you on board.

Sincerely,

Charmaine Crockett
Center on Disability Studies
University of Hawaii, Manoa
956-7539
cccrocke@hawaii.edu
MENTOR APPLICATION
Honolulu, Hawaii

RETURN BY FAX TO (808) 956-4437 OR
RETURN BY E-MAIL TO volctou@hawaii.edu
RETURN BY MAIL TO CENTER ON DISABILITY
STUDIES, CTOU
1776 UNIVERSITY AVE, UA 4-6, HONOLULU, HI
96826

October 15, 2014

ARE YOU INTERESTED IN BECOMING A MENTOR TO A STUDENT OR JOB SEEKER WITH A DISABILITY?

Then, taking part in Disability Mentoring Day is for you! DMD enables students and job seekers to spend part of a day visiting a business, a non-profit agency, or government agency that matches their interests and have one-on-one time with volunteer Workplace Mentors. It is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement, explore possible career paths, and develop lasting mentor relationships. It all begins with this application, so fill it out, send it in, and spread the word!

Deadline: All applications MUST be received by October 1, 2014.

SECTION I: GENERAL INFORMATION

Last Name: ___________________________ First Name: ___________________________

Name of Business, Government Agency, or Non-Profit Organization: ___________________________

Address: ___________________________

Phone (Voice): ___________________________ TDD: ___________________________

Email: ___________________________
SECTION II: WORK EXPERIENCE INFORMATION

Job Title:________________________________________________________

Below, please indicate the career category or categories that best describe your job.

____ Arts and Communication  ____ Law, Government, and Public Policy
____ Business and Marketing  ____ Law Enforcement
____ Education  ____ Natural Resources,
Environment & Food, Recreation, and Hospitality  Agriculture
____ Health and Medicine  ____ Technology, Engineering,
Science  ____ Other: ____________________
____ Human Services

Summary of general job responsibilities: ____________________________
________________________________________________________
________________________________________________________

SECTION III: WORKPLACE LOGISTICS

Please note the location of your work site:
________________________________________________________________________

Below, please check the setting that most accurately describes the place at which you work.

____ Private business  ____ Government agency
____ Non-profit organization  ____ Educational Institution

Please describe all categories that apply to the mentees you hope to host for Disability Mentoring Day.

____ High school students  ____ College students
____ Students in post-graduate work  ____ Job seekers, not currently in school
____ No preference. The most important factor is area of interest.

Is your facility wheelchair accessible?  ____ Yes  ____ No
Does your business, organization, or agency offer internship opportunities? If so, please briefly describe, including the areas of focus for such a program. If the mentee pool permits, we will do everything we can to match you up with students who may be interested in separately applying for an internship that your organization may be offering. Feel free to include web sites to visit and to use additional sheets of paper.

SECTION IV: GENERAL INFORMATION FOR WORKPLACE COORDINATORS
(OPTIONAL)

If you are coordinating a Disability Mentoring Day program at your job site or would like to lead in such efforts in your office, please fill out this section. Check all that apply.

___ One-on-one job shadowing
___ Tour of company site
___ Small group discussion with all mentees
___ Lunch with mentees.
___ Lunch covered by mentor/organization
___ Mentee must bring own lunch or money for lunch

On-Site Agency or Organization Coordinator Name and Number: __________________________

Total number of Mentees to host: _____  Total number of Workplace Mentors to host: _____

Workplace Coordinators are asked to gather applications from their offices and send together. Every attempt will be made to match each Mentor with a Mentee, but in the event that this proves impossible, advance notice will be provided.
SECTION V: BACKGROUND CHECK

It is a “best practice” for mentoring programs to run a background check on mentors for students. It is done for the protection of the students. We hope you understand and are supportive of this policy. The check will be done through the state Abuse and Neglect Registry and the state Bureau of Investigation Criminal Records Check. The SRS Information and Registry Form is a separate document. Please include it when you return this application form.

Have you ever been convicted of a crime? _____ Yes _____ No
If yes, please explain: __________________________________________________________

Do you object to our agency running a background check on you? _____ Yes _____ No

Last Name: _____________________________ First Name: __________________________
Middle Name: _____________________ Alias/Maiden Last Name: _____________________
Date of Birth ________________ Sex: M   F (circle one)

This information will be kept confidential and only be used for reference purpose to ensure the safety of the students being mentored. Thank you for your cooperation.

SECTION VI: PHOTO RELEASE

I give my permission for the DMD local committee to print or publish photographs, videotape and/or quotations from me to publicize Disability Mentoring Day either locally, at the state and/or national level. _____ Yes _____ No

Please read this carefully before signing:
Our program appreciates your interest in becoming a mentor to a youth. By signing below, you attest to the truthfulness of all information listed on this application. (You agree to let our program confirm all information listed and to conduct a background check.)

___________________________ ___________________________ __________________________
(signature) (date) (please print full name)