**Disability Mentoring Day**

**Mentor Application**

**Central Ohio Area**

**Return by Email to columbus.disability.mentoring.day@gmail.com**

**ARE YOU INTERESTED IN A MORE DIVERSE WORKPLACE?**

Consider becoming a mentor to a job seeker with a disability on Disability Mentoring Day (DMD)! DMD enables students and job seekers to spend a day visiting a business, nonprofit organization, or government agency that matches their interests and have one-on-one time with volunteer mentors. It is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement and explore possible career paths.  It all begins with this application!

**Deadline: All applications MUST be received by September 25th.**

### **SECTION I: GENERAL INFORMATION**

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

**Name of Business, Government Agency, or Non-Profit Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you prefer for us to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION II: WORKPLACE LOGISTICS**

Location of your work site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the setting that most accurately describes your workplace.

\_\_\_ 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 future 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 websites to visit and to use additional pages.

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**SECTION III: WORK EXPERIENCE INFORMATION**

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the career category or categories that best describe your job/company.

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

\_\_\_ Business and Marketing \_\_\_ Law Enforcement

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

\_\_\_ Health and Medicine \_\_\_ Technology, Engineering, and Science

\_\_\_ Human Services \_\_\_ Food, Recreation, and Hospitality

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize your job responsibilities or what mentees/students may observe:

**SECTION IV:   BACKGROUND CHECK**

It is a best practice for mentoring programs to run a background check on mentors for students for the students’ protection. The background 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.

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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

**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.**

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

(signature) (date)

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

(print full name)