



MENTEE APPLICATION

Return or email to Zaid Moges, zmogez@drcinc.org
(562) 427-1000 EXT. 24. Please Contact for Alternate Formats

Disability Mentoring Day (DMD) enables students and job seekers to spend a day visiting a business that matches their interests to have one-on-one time with Workplace Mentors. This is an opportunity to underscore the connection between school and work; evaluate personal goals; target career skills for improvement; explore career paths; and develop lasting mentor relationships. To participate, please complete this form and **SUBMIT BY: October 31st, 2014.**

SECTION I: GENERAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Cell: _____ TTY: _____

Email: _____

If you are interested in disclosing your disability for the purposes of identifying reasonable accommodations, please describe your type of disability here:
(optional) _____

If you are a student please indicate which school you are currently attending:

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: _____

Job seeker (not currently in school)

Highest level of education attained (Check One):

Some High School College Degree: _____

High School Diploma Post-Graduate Degree(s): _____

Vocational License _____

SECTION III : REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

<input type="checkbox"/> Braille	<input type="checkbox"/> Sign Language Interpreter
<input type="checkbox"/> Computer disk	<input type="checkbox"/> Oral ___ Tactile ___ ASL ___ PSE
<input type="checkbox"/> Large print	<input type="checkbox"/> Dietary needs _____
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Other _____

SECTION IV: GOALS, INTERESTS, AND HOBBIES (OPTIONAL)

On a separate sheet of paper (attached), briefly answer the following questions. Though optional, we strongly encourage you to take advantage of this opportunity to provide more information, since this will help event organizers with the Mentor/Mentee matching process. Also, feel free to include a resume.

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?

SECTION V: TRANSPORTATION

Transportation to and from the DMD orientation meeting at Disabled Resource Center, job site and closing ceremony held at Molina Healthcare is the responsibility of the mentee. Please contact Zaid Moges @ (562) 427-1000 ext.24 or at if transportation is a problem for you.

**For more information about DMD
Please visit:**

<http://www.aapd.com/what-we-do/employment/disability-mentoring-day/>

Or contact: dmd@aapd.com



CAREER CLUSTER WORKSHEET



NAME: _____

On Disability Mentoring Day, Mentees (student/job seekers) may be paired with a Workplace Mentor (host employer) at a job site. To make your experience more meaningful, please rate your top three choices among the following career clusters. If possible, you will be paired with a mentor in one of the clusters you selected.

INSTRUCTIONS: Place the number of your choice next to the appropriate career cluster: **1** = First Choice **2** = Second Choice **3** = Third Choice

_____ **Arts:** Do you like to communicate ideas? Do you like to share information? Are you creative, imaginative and innovative? Do you like to express yourself in writing or with audio, visual or graphic media arts?

_____ **Advertising and Marketing:** Are you organized, accurate and self-motivated? Do you enjoy creating ads for press? Would you like to develop marketing materials? Would you enjoy working with clients to determine the best media for their product or company? How about selling advertising for a major magazine or newspaper?

_____ **Education:** Do you enjoy teaching others? Are you an energetic communicator? Would you enjoy developing and implementing educational programs to train and develop future employees? Do you like public speaking?

_____ **Community Outreach:** Do you like planning and attending community events? Would you enjoy collaborating with community based organizations? Are you interested in being the link between the community and a company?

_____ **Disability & Senior Access Services:** Are you interested in Systems Change from a Healthcare perspective? Would you like to see first-hand what changes are being made in healthcare to make sure people with disabilities have communication and physical access to their doctors?

_____ **Health and Wellness:** Do you like to work with people? Are you interested in wellness and nutrition? Could you imagine yourself designing programs to improve the lives of others?

_____ **Human Resources and Employment Recruiting:** Do you want to motivate others? Are you interested in evaluating performance of employees? Would you like to implement recruitment programs?

_____ **Human Services:** Are you able to get along with a diverse group of people? Do you like serving the public? Do you have leadership skills? Are you patient, courteous, and able to make challenging decisions? Are you dependable and hardworking?

_____ **Law, Government, and Public Policy:** Do you like to follow current events? Do you like to learn about local, state, national, or international politics? Are you interested in how laws are enacted? Do you aspire to hold elected or appointed political office? Do you like speech and debate? Do you see yourself arguing a case in court? Do you like conducting research on the law, its practical application, and how it is interpreted? Do you envision helping to draft major public policy on issues you care about?

_____ **Medicine and Clinical:** Are you interested in working as a doctor, nurse, nurse practitioner, or medical assistant? Do you like new technology? Are you interested in medical research and figuring out the causes of diseases or illnesses? Are you able to stay calm in critical emergencies?

_____ **Member Services:** Do you have the ability to research problems. Are you able to talk and type simultaneously? Do you have strong listening skills, empathy and passion for working with senior, people with disabilities, low income populations and providers?

_____ **Technology, Engineering and Science:** Do you enjoy math, technology, and/or science? Do you have the ability to be accurate, analyze data, and solve problems? Do you like designing things or drawing detailed plans? Do you like using machines and heavy equipment?

_____ **Culture and Linguistics:** Are you a great communicator? Do you have a passion for understanding the differences between people? Are you interested in removing barriers of communication?

_____ **Public Relations and Communications:** Are you an effective communicator? Do you enjoy writing? Can you write succinctly? Do you see yourself promoting a positive image and developing publicity for your clients? Do you aspire to see your writing picked up in high-level publications?

_____ **Other:** Do you fall into a category not directly covered above? If so, state your preference in the space provided on the following page:

“Section IV: Goals, Interests, and Hobbies.”



**DISABILITY MENTORING DAY 2014
PHOTO RELEASE FORM**

TO BE COMPLETED BY ALL PARTICIPANTS

PHOTO RELEASE

I hereby authorize and grant permission to Molina Healthcare, Inc. and Disability Resource Center and those acting with their authority the unrestricted, absolute, perpetual right and license to use my name, photograph, likeness, biographical information, statements, and any photograph, video, or audio tape that may be taken of me (collectively, the "Content"), without further compensation, consideration, notice or permission to me or to any third party, and to reproduce, copy, display, distribute, transmit, or broadcast, publicly, or otherwise, or otherwise use and permit to be used the Content.

Signature of Participant or Participant's
Representative

Date

Printed Name of Participant or Participant's
Representative

Relationship to Participant

SECTION IV: GOALS, INTERESTS, AND HOBBIES