

## Mentee Application

Mentee Name (or initials):

Professional or School Contact Person (if applicable):

Address:

Phone:

Email:

Dates and times that would work best:

Career Interests (describe one or more jobs/careers that interest you and explain why):

- 1.
- 2.
- 3.

Please indicate whether you will require any accommodations at any point during the day:

### APPLICANT CONSENT & PHOTO RELEASE

I would like to participate as a mentee in the Disability Mentoring Day activities in October 2007. I understand every effort will be made to match

me with a mentor. I understand that I will be responsible for my own transportation to and from all Disability Mentoring Day events and the mentor site to which I am assigned.

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.

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Signature of Applicant and Date

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Consent of Parent or Guardian (if participant is a minor) and Date

Please return to your local DMD Coordinator.