



The Center  
for Disability  
Empowerment

*Providing Resources and  
Advocacy for Community  
Living in Central Ohio*



# The Center for Disability Empowerment & Gahanna Inclusion For Teens and Young Adults

## Disability Mentoring Day Participant Registration

Fairfield Inn & Suites by Marriott Columbus OSU  
3031 Olentangy River Rd., Columbus, Ohio 43202

### ARE YOU A YOUNG ADULT WITH A DISABILITY LOOKING FOR A WORKPLACE MENTOR?

Then Disability Mentoring Day is for you! Disability Mentoring Day (DMD) enables participants 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, 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 September 25<sup>th</sup>**

Return by Email to [columbus.disability.mentoring.day@gmail.com](mailto:columbus.disability.mentoring.day@gmail.com)

### SECTION I: GENERAL INFORMATION

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_



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## **SECTION II: EDUCATIONAL SUMMARY**

Please check one of the following:

High school student, attending \_\_\_\_\_ Grade \_\_\_\_\_

College/graduate student, attending \_\_\_\_\_ Year \_\_\_\_\_

Job seeker, not currently in school

Major or area of interest: \_\_\_\_\_

Highest level of education attained (check one):

Some high school

High School Diploma

College Degree(s): \_\_\_\_\_

Post-Graduate Degree(s): \_\_\_\_\_

Transition Program: \_\_\_\_\_

## **SECTION III: SCHOOL OR PROFESSIONAL CONTACT**

(Teacher, Counselor, Professor, or Service Provider)

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

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_



## **SECTION IV: PLACEMENT PREFERENCES**

- |   |  |
|---|--|
| <input type="checkbox"/> Arts and Communication               | <input type="checkbox"/> Law, Government and Public Policy               |
| <input type="checkbox"/> Business and Marketing               | <input type="checkbox"/> Law Enforcement                                 |
| <input type="checkbox"/> Education                            | <input type="checkbox"/> Natural Resources, Environment, and Agriculture |
| <input type="checkbox"/> Food, Recreation and Hospitality     | <input type="checkbox"/> Health and Medicine                             |
| <input type="checkbox"/> Technology, Engineering, and Science | <input type="checkbox"/> Human Services                                  |
| <input type="checkbox"/> Other: _____                         |  |

## **SECTION V: ACCOMMODATION REQUESTS**

Please check any accommodations you may need at Disability Mentoring Day events:

- |   |  |
|---|--|
| <input type="checkbox"/> Braille                | <input type="checkbox"/> Sign Language Interpreter   |
| <input type="checkbox"/> USB                    | <input type="checkbox"/> Oral <input type="checkbox"/> Tactile <input type="checkbox"/> ASL <input type="checkbox"/> PSE |
| <input type="checkbox"/> Large print            | <input type="checkbox"/> Dietary restrictions: _____   |
| <input type="checkbox"/> Wheelchair access      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Assistance with eating | <input type="checkbox"/> Assistance with restrooms   |

## **SECTION VI: GOALS, INTERESTS AND HOBBIES**

On separate pages, briefly answer the following questions. We strongly encourage you to take advantage of this opportunity to provide more information, since this will help event organizers with the mentor/participant matching process. Also feel free to include a resume.

- What is your ultimate and/or long-term career goal?
- Describe your employment and/or educational area(s) of interest.
- Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work.
- Describe the job-related skills that you have (if any). What skills do you hope to gain from Disability Mentoring Day and in the future?



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## **SECTION VII: TRANSPORTATION**

### TRANSPORTATION AGREEMENT

All participants are responsible for their own transportation to and from the central venue for their local Disability Mentoring Day events or to designated meeting places as arranged in advance. You will be notified of your placement and event locations.

\_\_\_\_\_ I will provide transportation for the participant to the mentoring site on October 16th. I will also provide transportation to the afternoon plenary event as well as home at the end of the day.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**TO BE COMPLETED BY PARTICIPANTS UNDER 18**

**NOTE:** For participants in high school or younger, this authorization must be completed by a parent or guardian.

The participant has been invited to attend the Disability Mentoring Day (DMD) event on October 16th, nationally hosted by the American Association of People with Disabilities (AAPD) and locally coordinated by The Center for Disability Empowerment and Gahanna Inclusion For Teens and Young Adults. The participant will be assigned to an employee for a one-on-one mentoring and job shadowing experience. Participants will learn about career opportunities, typical attitudinal and structural barriers faced by people with disabilities in a particular industry, and the types of skills needed to succeed in the working world.

Following this experience, all participants will meet together for lunch and discussion as well as a speaker. Upon receipt of the application and your initial consent, the participant will be matched with a local business, public agency, or non-profit organization. Additional details will be forthcoming at that time.

For further information, please contact at (614) 575-8055 or [columbus.disability.mentoring.day@gmail.com](mailto:columbus.disability.mentoring.day@gmail.com)

**PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY**

\_\_\_\_\_, may participate in Disability Mentoring Day activities on October 16th, from 9:00 AM to 4:00 PM.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

**PHOTO/NAME RELEASE:** I further understand that the Disability Mentoring Day can attract attention from the media and that it is used to promote ongoing partnerships between schools, disability organizations, and employers. Additionally, I understand that participants names may be provided to the DMD planning committee to print a recognition certificate from DMD. I hereby grant permission to release the name and photograph of the above-mentioned participant for promotional and educational purposes.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date