



# Greater Syracuse Disability Mentoring Day Mentee Application

Disability Mentoring Day will be held on **Wednesday, October 21, 2009**. If you would like to participate, please complete and sign the application.

**Deadline: All applications MUST be received by September 30, 2009!**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I am a  Job Seeker  High School Student  College Student

I  will  will not be accompanied by an escort (job coach, parent, service coordinator, advocate)

Name of escort: \_\_\_\_\_

My job interests (in order of preference) are:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

I have the following special needs/accessibility requirements (i.e. wheelchair accessibility, medication regime, allergies, sensitivities, etc.):

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

### **APPLICANT CONSENT (REQUIRED)**

I would like to participate as a mentee in the Disability Mentoring Day activities on **Wednesday, October 21, 2009**. 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.

By checking this box I acknowledge that the Kickoff event held at Drumlin's Country Club is an important part of the mentoring experience and I will be attending. This will serve as my RSVP for the breakfast.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Consent of Parent or Guardian (if participant is a minor)**

\_\_\_\_\_  
**Date**

Please return all completed applications to: **Robyn O'Mara  
Crouse Hospital  
410 S. Crouse Ave, Syracuse NY 13210  
FAX: 470-8379**

**www.disabilitymentoringday.org** Referring Agency: \_\_\_\_\_