



# Greater Syracuse Disability Mentoring Day Mentor Application

Thank you for participating in Disability Mentoring Day, which will be held on:

**Wednesday, October 21, 2009**

**Company:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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

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

Work Site Address (if different from above):

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

How did you hear about DMD?

- Past Participant
- Media
- Greater Syracuse DMD Website
- Agency Representative (Name of agency) \_\_\_\_\_
- Other: \_\_\_\_\_

**Total # of Mentees you will be hosting:** \_\_\_\_\_

<u>Mentee:</u>	<u>Position:</u>	<u>Expectation for Mentee Activities:</u> (Check all that apply)
1	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience
2	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience
3	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience
4	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience
5	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience
6	_____	<input type="checkbox"/> Tour <input type="checkbox"/> Job Shadow <input type="checkbox"/> Hands-on Experience

*On behalf of the Greater Syracuse Disability Mentoring Day Committee, we thank you for your participation and support.*

**Please remember to RSVP to the Disability Mentoring Day Kick-Off Event by visiting our website at [www.disabilitymentoringday.org](http://www.disabilitymentoringday.org)**

Please return all completed applications to your agency representative, or you may submit them to:

**Robyn O'Mara  
Crouse Hospital  
410 S. Crouse Ave, Syracuse NY 13210  
FAX: 470-8379**

**For use by REFERRING AGENCY (if applicable):**

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Agency Name: _____	Contact: _____	Phone: _____