**Virtual Disability Mentoring Day Mentee Application**

**Return by Email to** **james.dean@fema.dhs.gov**

## SECTION I:  GENERAL INFORMATION

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

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

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

#### **Phone/TDD:** ( ) \_\_\_\_\_-\_\_\_\_\_       Cell: (    )\_\_\_\_\_\_-\_\_\_\_\_\_\_

#### **SECTION II: EDUCATIONAL SUMMARY**

Please check one of the following:

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

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

\_\_\_ Job seeker, not currently in school.

\_\_\_ Other (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Highest level of education attained (Check One):

\_\_\_ Some high school \_\_\_ High school Diploma

\_\_\_ Some college

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

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

\_\_\_ Vocational Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **SECTION III:  PLACEMENT PREFERENCES**

**Please select up to three or more career choices and place in rank order:**

\_\_\_ Emergency Operations \_\_\_ Customer Service

\_\_\_ Public Affairs/Communications \_\_\_ Law, Government and Public Policy

\_\_\_ Accounting/Finance \_\_\_ Acquisition/Contract Specialist

\_\_\_ Business Administration \_\_\_ Law Enforcement/Security

\_\_\_ Equal Employment/Civil Rights \_\_\_ Human Resources

\_\_\_ Engineering and Science \_\_\_ Information Technology

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **SECTION IV: REASONABLE ACCOMMODATION REQUESTS**

**Please check if applicable:**

\_\_\_ Sign Language Interpreter:

 \_\_ Oral \_\_ Tactile \_\_ ASL (American Sign Language) \_\_\_ PSE

\_\_\_ CART/Captioning

\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_