

Putnam County's 4th Annual Disability Mentoring Day (DMD) Application October 21, 2015

CAREER EXPLORATION FOR PEOPLE WITH DISABILITIES

Name: _____
First Name Last Name

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail address: _____

Primary Contact: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail address: _____

In an emergency contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

To make this experience more meaningful, please **rate your top three choices among the following categories** (#1 being your first choice, #2 your second choice, etc.). If possible, we will try to match participants with workplace interests and mentors at each job site.

INSTRUCTIONS: Place the number of your choice next to the appropriate tasks

1 = First Choice 2 = Second Choice 3 = Third Choice

- _____ **Assist Elderly with Activities**
- _____ **Car Washing**
- _____ **Clerical/Data Entry**
- _____ **Collecting Payments via Phone**
- _____ **Computers**
- _____ **Customer Service/Receptionist**
- _____ **Deliver and Pick-up mail**
- _____ **Document Scanning**
- _____ **Filing/Setting Up Binders**
- _____ **Food Service**
- _____ **Inventory Control**
- _____ **Landscaping/Gardening**
- _____ **Making Copies**
- _____ **Product Scanning in Stores**
- _____ **Shredding**

_____ **OTHER (Please Describe):** _____

Do you need a reasonable accommodation? If so, please be specific:

- Braille Computer disk Large print
- Sign Language Interpreter
- Wheelchair access
- Other

Please mail, fax or e-mail this application to:

Tina Cornish-Lauria, DMD Coordinator
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[E-mail: careersforpeople@aol.com](mailto:careersforpeople@aol.com)