

<p align="center"><b>Greater Kansas City Disability Mentoring Day **KANSAS**</b></p> <p><b>When:</b> Tuesday, October 20, 2008  <b>Where:</b> Olathe Holiday Inn  101 W. 151st St.  Olathe, KS, 66061  <b>Time</b> 9am-4pm  (Check in from 8:15am – 9:00am)</p>	 <p><b>Job Seeker Application</b></p>	<p align="center"><b>Greater Kansas City Disability Mentoring Day **MISSOURI**</b></p> <p><b>When:</b> Monday, October 7, 2008  <b>Where:</b> Ewing Marion Kauffman  Foundation Conference Center  4801 Rockhill Road,  Kansas City, Missouri 64110  <b>Time:</b> 9am-4pm  (Check in from 8:15am – 9:00am)</p>
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**I plan to attend the following event:**

- Missouri** Event--October 7, 2008 (**Applications are due by Friday, September 26, 2008**)
- Kansas** Event---October 20, 2008 (**Applications are due by Friday, September 26, 2008**)
- Both** Events— (**Applications are due by Friday, September 26, 2008**)

**Forward Applications for receipt on or before the date above**

**SECTION I: GENERAL INFORMATION**

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

Male \_\_\_\_ Female \_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ TTY: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Additional person(s) attending this event with you \_\_\_\_\_  
(For lunch count purposes) **NOTE: NO LUNCH WILL BE PROVIDED UNLESS A COMPLETED APPLICATION IS RECEIVED BY SEPTEMBER 26, 2008. ALL ATTENDEES MUST BE LISTED ON THE APPLICATION IN ORDER TO RECEIVE A LUNCH TICKET.**

**SECTION II: EDUCATIONAL SUMMARY**

Which describes you best?

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

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

\_\_\_ Highest level of education completed \_\_\_\_\_

**SECTION III: REASONABLE ACCOMMODATION REQUESTS**

Please check if applicable:

\_\_\_ Braille

\_\_\_ Computer disk

\_\_\_ Large print

Dietary Needs (Specify) \_\_\_\_\_

\_\_\_ Sign Language Interpreter

Oral, Tactile, ASL, PSE (circle preferred mode)

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

**For more information on Disability Mentoring Day, contact:**

► *Mail completed forms to Barney Mayse if attending the Kansas Event and Mark Smith if attending the Missouri Event* ◀

**Missouri Event**

Mark Smith  
The Helping Hand of Goodwill Industries  
1817 Campbell  
Kansas City, MO 64108  
916-842-7425 x308  
[msmith@mokangoodwill.org](mailto:msmith@mokangoodwill.org)

**Kansas Event**

Barney Mayse  
The Whole Person, Inc.  
7301 Mission, Suite 135  
Prairie Village, KS 66208  
(913) 262-1294  
[bmayse@thewholeperson.org](mailto:bmayse@thewholeperson.org)

<p><b>Greater Kansas City Disability Mentoring Day **KANSAS**</b></p> <p>October 20, 2008 Olathe Holiday Inn Olathe, KS</p>	 <p><b>Photo Release Form</b></p>	<p><b>Greater Kansas City Disability Mentoring Day **MISSOURI**</b></p> <p>October 7, 2008 Ewing Marion Kauffman Foundation Conference Center Kansas City, MO</p>
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For students in high school or individuals with legal guardians, this authorization must be completed and signed by the individual and their parent or guardian at the bottom of this page.

**TO BE COMPLETED BY ALL PARTICIPANTS & GUARDIANS (if applicable)**

**PHOTO RELEASE:** I \_\_\_\_\_ (please print name) 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.

**PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY**

My son/daughter, \_\_\_\_\_, may participate in the Disability Mentoring Day activities on **Tuesday, October 7, 2007** and/or **Monday October 20, 2007**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian signature

\_\_\_\_\_  
Date

**Thank you!! If you have any further questions please contact:**

**Missouri Event**

Mark Smith  
The Helping Hand of Goodwill Industries  
1817 Campbell  
Kansas City, MO 64108  
916-842-7425 x308  
[msmith@mokangoodwill.org](mailto:msmith@mokangoodwill.org)

**Kansas Event**

Barney Mayse  
The Whole Person, Inc.  
7301 Mission, Suite 135  
Prairie Village, KS 66208  
(913) 262-1294  
[bmayse@thewholeperson.org](mailto:bmayse@thewholeperson.org)

**APPLICATIONS MUST BE COMPLETELY FILLED OUT OR THE APPLICATION WILL NOT BE ACCEPTED.**