



John F. Kennedy
Space Center



DEAM
Disability Employment
Awareness Month

Able Trust
Florida Governor's Alliance for the Employment of
Citizens with Disabilities
1709 Hermitage Blvd., Ste. 100
Tallahassee, FL 32308
850-224-4493
www.abletrust.org

disABILITY MENTORING DAY

JFKSC DAAWG Mentee Application

November 14, 2023, 7:30 a.m. to 5:00 p.m.

APPLICANT FOCUS:

High School & College Students

disAbility Mentoring Day (DMD) enables Mentees (students/job seekers) to spend a day visiting with a John F. Kennedy Space Center (JFKSC) employee matching the student's interests in order to have one-on-one time with a volunteer workplace Mentor (employer/employee). This is an opportunity to evaluate personal goals; target career skills for improvement; explore career paths; and develop lasting mentor relationships. **To participate, complete this form and send to your local contact found on the last page of this application.**

DEADLINE FOR APPLICATION IS September 29, 2023
(with no exceptions)

EMAIL to Arnaldo@abletrust.org (Tel: 850-224-4493)
Or FAX to 321-867-4969, Attn: Paul Spann (Tel: 321-360-7954)

You are not registered until you receive a confirmation of registration.

SECTION I: GENERAL INFORMATION

ALL Must be completed for the November 14, 2023 DMD Event

Last Name: _____ First Name: _____

School: _____

Landline Phone: _____ Cell: _____

TTY: _____ Email: _____

REFERRED BY WHOM

(Teacher, Counselor, Professor, Service Provider)

Name and Title: _____

Address: _____

Landline Phone: _____ Cell: _____ TTY: _____



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SECTION II: EDUCATION

Please check one of the following.

Job seeker (not currently in school)

High School

Grade Attending: _____ Expected Graduation Date: _____

Graduated: _____ Graduation Date: _____

Vocational School:

Attending: _____ Graduation Date: _____

College/University: _____

Major: _____

Grade Level: _____ Expected Graduation Date: _____

Graduated: _____ Graduation Date: _____

Post-Graduate School: _____

Degree(s): _____

Expected Date of Graduation: _____

Graduated: _____ Graduation Date: _____

Vocational License / Certification _____

Expected Date of Graduation: _____

Graduated: _____ Graduation Date: _____



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SECTION III:

NAME:

On disAbility Mentoring Day, Mentees may be paired with a Workplace Mentor at a job site. To make your experience more meaningful, please rate your top three choices among the following career clusters. If possible, you will be paired with a person in one of the clusters you selected.

INSTRUCTIONS: Place the number of your choice next to the appropriate career cluster below:

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

_____ **Arts and Communication:** Do you like to communicate ideas? Do you like to share information? Are you creative, imaginative and innovative? Do you like to express yourself in writing or with audio, visual or graphic media arts? Do you like to perform? Could you imagine yourself working at a museum or in other settings that promote and celebrate artistic expression?

_____ **Business and Marketing:** Are you organized, accurate and self-motivated? Are you a leader? Do you enjoy organizing people and planning events? Do you like computers and business machines? Do you like creating reports? Do you like marketing things? Do you enjoy working with numbers?

_____ **Education:** Would you enjoy teaching either children or adults in an academic setting?

_____ **Food, Recreation, and Hospitality:** Do you enjoy the preparation of and/or serving of food either in a cafeteria or restaurant setting? Do you like organizing recreational activities such as social outings, competitive sports, arts and crafts, and picnics? Do you like putting together the logistics for conferences and conventions, community service projects, or other endeavors surrounding community relations? Do you enjoy being around people and picture frequent interaction with others as a vital part of your ideal work environment?

_____ **Human Services:** Are you able to get along with a diverse group of people? Do you like serving the public? Do you have leadership ability? Are you patient and polite, yet able to make decisions? Are you dependable and hardworking? Are you interested in wellness and nutrition?

_____ **Law, Government, and Public Policy:** Do you like to follow current events? Do you like to learn about local, state, national, or international politics? Are you interested in how laws are enacted? Do you aspire to hold elected or appointed political office? Do you like speech and debate? Do you see yourself arguing a case in court? Do you like conducting research on law, its practical application, and how it is interpreted? Do you envision helping to draft major public policy on issues you care about?

_____ **Law Enforcement:** Do you want to work as a police officer, sheriff, marshal, detective, or criminologist? Would you be interested in investigating and solving crimes?

_____ **Natural Resources, Environment and Agriculture:** Do you like the environment? Do you like working with plants and animals? Are you interested in physical resources such as land, water, soil, and weather? Do you like to observe, learn, investigate and solve problems?

_____ **Technology, Engineering and Science:** Do you enjoy math, technology, or science? Do you have the ability to be accurate, analyze data, and solve problems? Do you like designing things or drawing detailed plans? Do you like using machines and heavy equipment?

_____ **Other:** Do you fall into a category not directly covered above? If so, state your preference below:



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SECTION IV: REASONABLE ACCOMMODATION REQUESTS

If you are interested in disclosing your disability for the purposes of possibly being matched with a person with a similar disability, please describe your disability:

Please check if applicable:

<input type="checkbox"/> Braille	Sign Language Interpreter:
<input type="checkbox"/> Computer Disk	<input type="checkbox"/> Oral <input type="checkbox"/> Tactile <input type="checkbox"/> ASL <input type="checkbox"/> PSE
<input type="checkbox"/> Large Print	<input type="checkbox"/> Dietary Needs _____
<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Other _____

SECTION V: GOALS, INTERESTS, AND HOBBIES (OPTIONAL)

On separate sheets of paper, briefly answer the following questions to be shared with Mentors and assist event organizers with the Mentor/Mentee matching process. Though optional, we strongly encourage you to take advantage of this opportunity to provide more information. Also, feel free to include a resume.

- What do you hope to get out of disAbility Mentoring Day?
- What are your long-term career goals?
- Describe your major(s) and/or educational interest(s).
- Beyond high school, from what schools have you graduated and when?
- Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work.
- Describe job-related skills that you have (if any). If not, what skills do you hope to gain?
- **Why do you want to attend the JFKSC DAAWG disAbility Mentoring Day Event?**

PHOTO RELEASE: TO BE COMPLETED BY ALL PARTICIPANTS

PHOTO RELEASE. 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.

_____ Date

_____ Date

_____ DMD Mentee's Printed Name

_____ Parent/Guardian Printed Name

_____ DMD Mentee's Signature

_____ Parent/Guardian Signature

Both sections above must be signed for those under 18 or who have a Legal Guardian.



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WAIVER AND RELEASE FROM LIABILITY

As consideration for the opportunity to participate in the John F. Kennedy Space Center (JFKSC), Disability Action Awareness Working Group (DAAWG), disAbility Mentoring Day (DMD). I, _____ HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge the Able Trust (AT), JFKSC, DAAWG, the DMD, including their agents, employees, officers, Directors, affiliates, successors and assigns (hereinafter, the "Released Parties"), of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of AT, JFKSC DAAWG, and DMD provided that this waiver of liability does not apply to any acts of criminal negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions in which I participate may be considered (but do not have to be) of a volunteer nature, or for the benefit of a 501(c)(3). On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property, that I may have against the aforementioned Released Parties.

By this WAIVER AND RELEASE, I assume all risk, and take full responsibility and waive all claims of personal injury, death, or damage to personal property associated with my participation in DMD including but not limited to any professional or volunteer activities, community events, using AT's, JFKSC, and DAAWG's facilities or equipment, practicing or engaging in organizational functions, philanthropic activities, other nonprofit or for profit engagements or functions and fundraisers or other related activities on and off the premises of the released parties.

I understand this WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

I understand the provisions of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of AT, JFKSC DAAWG, and DMD, whether by agreement, operation of law, or otherwise. I understand that this WAIVER AND RELEASE from liability shall be construed broadly to provide a RELEASE AND WAIVER to the maximum extent possible under applicable law.

I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE, I have waived considerable future legal rights. I have signed this WAIVER AND RELEASE freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I hereby certify that I am 18 years of age or older and mentally competent to enter into this WAIVER AND RELEASE (or have the permission of my legal guardian), I or my legal guardian have read the above carefully before signing.

All must date & sign the section below.

This section below must be dated and signed for those under 18 or who have a Legal Guardian.

_____ Date

_____ Date

_____ DMD Mentee Printed Name

_____ Parent/Guardian Printed Name

_____ DMD Mentee Signature

_____ Parent/Guardian Signature



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POINT OF CONTACT



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DMD Contact

Joey D'Souza, VP
External Engagement
(850) 224-4493
Joseph@abletrust.org
Able Trust
1709 Hermitage Blvd., Ste. 100
Tallahassee, FL 32308

Dress Expected:

Business Casual—These are business offices
Closed toe and non-skid shoes (no flip flops)

Additional Suggestions:

If you are part of a group, color coordinated shirts are helpful

Bring Money for Lunch or Pack a Lunch

Bring sunscreen

Directions can be found at:

<https://www.kennedyspacecenter.com/information/driving-directions.aspx>

JFKSC DAAWG Contact

Paul Spann, DMD Chair NASA, JFKSC
(321) 360-7954 VP/Voice
(321) 704-2272 Text Only
KSC-DAAWG@mail.nasa.gov