



# TRANSITION MENTORING EVENT

WEDNESDAY, APRIL 11, 2018

VERISYS

10813 S RIVER FRONT PKWY #250, SOUTH JORDAN

## Mentee Application

Your son or daughter is invited to attend a Transition Mentoring Day event in partnership with the Governor's Committee on Employment of People with Disabilities, the Utah Business Leadership Network, the Utah State Office of Rehabilitation and local business partners.

A Transition Mentoring Day enables students and job seekers to spend part of a day visiting a business, a nonprofit organization or government agency. It is an opportunity to underscore the connection between school and work, evaluate personal goals, target career skills for improvement, explore possible career paths and develop lasting mentor relationships.

It all begins with this application, so fill it out, send it in and spread the word!

Submit application to [smsanchez@utah.gov](mailto:smsanchez@utah.gov)

**Completed applications due:**  
**MARCH 28, 2018**

***First come, first registered. Incomplete or late applications not accepted.***

For more information or to make a request for accommodation, contact [smsanchez@utah.gov](mailto:smsanchez@utah.gov)  
or call 801-887-9522.



State of Utah  
Department of Workforce Services  
Utah State Office of Rehabilitation  
**MENTORING EVENT APPLICATION**



**Location of Event:** \_\_\_\_\_

**SECTION I: GENERAL INFORMATION**

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

**Date:** \_\_\_\_\_ **Birth Year:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **UT** **ZIP:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**SECTION II: EDUCATIONAL SUMMARY**

Please check one of the following:

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

Job seeker up to age 21, not currently in school.

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

**SECTION III: SCHOOL OR PROFESSIONAL CONTACT**  
**(Teacher, Counselor, or Service Provider)**

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

**Title:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **UT** **ZIP:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**SECTION IV: REASONABLE ACCOMMODATION REQUESTS**

Please check if applicable:

Braille  Sign Language Interpreter:

Jump Drive  Oral  Tactile  ASL

Large Print  Other: \_\_\_\_\_

Wheelchair Access  Dietary Needs: \_\_\_\_\_

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

## SECTION V: TRANSPORTATION

### PRELIMINARY TRANSPORTATION PERMISSION

*(PLEASE HAVE YOUR PARENT/GUARDIAN SIGN BELOW IF UNDER THE AGE OF 18)*

\_\_\_\_\_ I understand that I am responsible for making transportation arrangements for my son/daughter to the mentoring event, and I understand that this may involve my son/daughter traveling between different locations during the day in vehicles that may be either School District vehicles or business-owned vehicles and may be driven by either School District employees or local business people.

\_\_\_\_\_ I will provide transportation for my son/daughter to and from the mentoring site on the day of the event. I will also transport him/her from the event to any particular mentoring organization in accordance with arrangements individually made with that organization in advance.

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Student/Parent Signature

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Date

## SECTION VI: PARENTAL/GUARDIAN INITIAL CONSENT & PHOTO RELEASE FORM

For students in high school or younger, the authorization must be completed by their parent or guardian. **This section must be completed by all participants.**

### PERMISSION TO PARTICIPATE IN DISABILITY MENTORING DAY

My son/daughter, \_\_\_\_\_, may participate in the Disability Mentoring Day activities. As a precondition to my participation in the Program and to enter onto the Employer premises, I hereby agree as follows:

I understand that the Employer's sole role in connection with the Program is its donation of facilities, and other items to support the Program and its mission. I will comply with all rules applicable to guests at the Employer's facilities, including all security rules and procedures.

I understand that by virtue of my presence on the Employer's facilities, I may overhear or be exposed to non-public information or materials describing or relating to the Employer or its business, its clients, its personnel, or third parties to whom the Employer has a duty of confidentiality, including information or materials describing or relating to the business affairs; formulas; strategies; philosophies; methods; processes; computer materials, including but not limited to source or object codes, data files, computer listings, computer programs, and other computer materials or information; or other information that is not publicly known (collectively, "Confidential Information"). I promise to treat all such materials and information as strictly confidential; to not share any such materials or information with any other person or entity; to not trade or otherwise act upon any such materials or information; and to not remove any materials containing Confidential Information from the Employer's premises.

I will not, directly or indirectly, orally or in writing, whether in public or in private, whether online (including through any social media, such as Facebook, Twitter, LinkedIn, Instagram, Google+, Foursquare, Peekyou, mylife, or the like; any "app"; any phone, tablet, iPhone, SmartPhone, iPad, Blackberry, computer, laptop, or other device or application; or otherwise) or in any other manner: (a) make or publish any statements that disparage or defame the Employer or any of

their respective businesses or clients; (b) make or publish any statements that appear to be on behalf of any of the Employer; (c) use any of the Employer logos, trademarks, graphics, or trade names; or (d) share any information about the Employer or any of their respective businesses or clients with any reporter, author, producer, director, or blogger, or otherwise make (or assist in making) any such information available to the public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO/NAME RELEASE**

I further understand that the 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 release the name and photograph my above-mentioned son/daughter for promotional and educational purposes.

Further, I grant the Governor’s Committee the right to photograph and record video and film footage of me, and make sound recordings of my voice (such photographs, footage, and recordings, the “Content”). I also grant the Employer the right to use the content and my name and likeness in its informational, educational, promotional, and business materials as it sees fit in its sole discretion, without any fee or compensation to me.

I understand and agree that the Governor’s Committee may distribute, broadcast, publish, display, promote, sell, and use the content and use my name and likeness worldwide in any manner, including, but not limited to, in print; via television and radio (including broadcast, cable, fiber optic, and satellite); via cassettes, CDs, DVDs, and their packaging; on the Internet; in social media; and via any and all other media or other medium of expression, publication, display, or transmission, whether such media or medium exists today or is developed in the future.

I hereby waive any notice, inspection, or approval of any such use of (a) the content or any alterations thereto; or (b) the use of my name or likeness, and I hereby release and hold harmless the Governor’s Committee from any and all liability for such use of the content or my name or likeness, including but not limited to liability arising from any claims for libel, violation of any right of publicity or privacy, or by virtue of any blurring, distortion, alteration, optical illusion, use of composite form, sound distortion or illusion, or faulty reproduction, whether intentional, negligent, reckless, or otherwise, that may occur or be produced in the making of such content or in any subsequent processing, reproduction, distribution, display, or publication. I understand that this Agreement does not obligate the Governor’s Committee to use my name, likeness, or the content. By signing this Agreement, I acknowledge and agree that the Governor’s Committee and its successors will own the full copyrights in the content; that this Agreement is irrevocable; and that the rights and releases I have granted herein shall remain in force in perpetuity and will be binding upon my heirs and personal representatives, and any successors and assigns to my right of publicity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.