

 <p>A FREE Event for Job Seekers with Disabilities</p> <p>www.DMDKC.org</p>	<p>Greater Kansas City Disability Mentoring Day</p> <p>Wednesday, October 23, 2024 MidAmerica Nazarene University Bell Cultural Events Center 2030 College Way Olathe, Kansas 66062</p> <p>8:30 AM – Check In Starts 8:30 AM – 1:00 PM – Event</p>
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2024 is the 20th Anniversary of Disability Mentoring Day in Kansas City

All Persons Attending - Be Sure to Fill Out and Turn in the Registration Form!

Employers, Service Organizations and Government Agencies Requesting a Table Please Use Employer Form

I plan to attend this event:

Oct. 23, 2024 Event – **Olathe Kansas Register by Wednesday, Oct. 16**

Only the first 300 people to register can go.

Register by the deadline to get a free lunch and the accommodations you need!

First Name: _____ Last Name: _____

City/State: _____ County: _____

Email: _____

Primary Phone: _____ TTY: _____

Which describes you best?

- High School Senior or Transition Student
 College Student
 Adult Job Seeker
 Parent/Family/Guardian
 Educator/Support Advocate
 Service Provider

Organization ***if Educator or Service Provider:*** _____

Organization Address: _____

City/State/ZIP: _____ Phone: _____

Job Seekers and Students, please fill out the next page!

Job Seekers or Students Only Complete This Page

For Statistical Purposes Only - DMD Kansas City does not share names and other personal information.

Gender: Male Female Prefer not to answer

Age: 21 and under 22-45 46-64 65 & Over Prefer not to answer

What is Your Disability? (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Low Vision/Blind | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Spectrum/Autism | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Other _____ |

What group are you coming with or were you referred by an organization, school or person?

Name: _____

Do you need any special help? (Reasonable Accommodations) Please check what you need:

- | | |
|--|---|
| <input type="checkbox"/> Braille | <input type="checkbox"/> American Sign Language Interpreter (ASL) |
| <input type="checkbox"/> Large print | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Dietary Needs (Specify) _____ | |

Register early so we can get these things ready for you!

Location is fully accessible. Please bring your own personal attendant/helper if needed.

Individual Help Sessions

We will have 10 minute sessions for "Resume/Application Help" and "Practice Job Interview" during the event. Check what you want to try.

- | | |
|--|---|
| <input type="checkbox"/> Resume/Application Help | <input type="checkbox"/> Practice Job Interview |
|--|---|

Bring your resume and any questions you want to ask an interviewer.

Some employers, service organizations/providers and government agencies may be available during lunch

Don't forget to dress nice!

**Disability Mentoring Day is a public event open to the media.
Photographers and video cameras may be at either event.**

 <p><i>This is Our 20th Annual Kansas City Disability Mentoring Day Event!</i></p>	<p>Kansas Event Sponsors</p>  <p>Persons with Disabilities Advisory Board www.olatheks.org</p>
	<p>Kansas Event Host</p> 

Visit us at www.DMDKC.org