A FREE Virtual Event for Job Seekers with Disabilities

Greater Kansas City Disability Mentoring Day
Wednesday, November 4, 2020
9:00 – 11:30AM

www.dmdinkc.org

2020 is the 16th Anniversary of Kansas City Disability Mentoring Day Events

All Persons Participating Must Complete and Submit a Separate Registration Form

Register by October 21 to Receive a Web Link to the On Line Zoom Event

Email address required to receive link

I plan to participate in the November 4 Zoom event:

First Name: ___________________________ Last Name: ___________________________

City/State/ZIP: ___________________________ 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 complete both pages of this registration form

Zoom is Required to Participate

Only 100 Zoom Logins Are Available for the Event

Group Participation Using a Single Login is Encouraged

Zoom Instructions will be sent by Email with Registration Confirmation
Job Seekers or Students Only

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

Please Indicate Gender __________ Prefer Not to Answer □
Age: 21 and under □ 22-45 □ 46-64 □ 65 & Over □ Prefer Not to Answer □

Please Indicate Your Disability (check all that apply):

☐ Intellectual Disability ☐ Low Vision/Blind ☐ Physical Disability
☐ Hard of Hearing/Deaf ☐ Learning Disability ☐ Mental Health
☐ Spectrum/Autism ☐ TBI ☐ Other________________________

Were you referred by or attending with an organization, school or another person?
Name:_____________________________________________________________________________

An American Sign Language Interpreter (ASL) will be present during the event

Are you interested in closed captioning? _____ Yes ____ No
Would you be interested in online access to an archived version of the event? ____ Yes ____ No

Mail completed registration form(s) to: DMDKC, P.O. Box 40112, Overland Park, KS 66204-0112
Completed registration forms can be scanned and emailed as attachment to DMDinKC@aol.com

Direct questions to: DMDinKC@aol.com or Brian Ellefson (913) 239-9776

Event Sponsor

Persons with Disabilities Advisory Board
www.olatheks.org

This is Our 16th Annual Disability Mentoring Day Event!

Event Sponsor

Technical Support and Venue for Virtual Event Provided by:

www.workforcepartnership.com/
Visit us at www.DMDinKC.org