



## Shape the future... be a *DO-IT Mentor*.

**DO-IT**

The DO-IT (Disabilities, Opportunities, Internetworking, and Technology) electronic mentoring community provides an opportunity for students with disabilities to communicate via email and during program activities with *Mentors* and other students with disabilities. Your role as a *DO-IT Mentor* is a mix of friend and teacher. Your goal is to inspire and facilitate personal, academic, and career achievements in the DO-IT participants for whom you mentor. These protégés are college-capable students with disabilities pursuing challenging academic and career fields.

### **Do you have what it takes to be a *DO-IT Mentor*?**

The relationships you develop with your protégés become channels for the passage of information, advice, challenges, opportunities, and support. *DO-IT Mentors* offer protégés

- **Information**  
Mentors share their knowledge, experiences, and wisdom.
- **Contacts**  
Mentors provide valuable opportunities by facilitating academic, career, and personal contacts.
- **Challenges**  
Mentors stimulate curiosity and build confidence by presenting new ideas, opportunities, and challenges.
- **Support**  
Mentors encourage growth and achievement by providing an open and supportive environment.
- **Goal Setting**  
Mentors help protégés discover talents and interests and define and attain their goals.
- **Advice**  
Mentors guide protégés in reaching academic, career, and personal goals.
- **Role Models**  
By sharing stories of achievement with protégés, mentors can become role models.

### **How do *DO-IT Mentors* and protégés communicate?**

Mentors and protégés communicate primarily through the use of email, eliminating the challenges imposed by time, distance, and disability that are characteristic of in-person mentoring. Frequent email communication combined with personal contact at DO-IT sponsored events, facilitates personal, academic, and career achievement.

*DO-IT Mentors* are subscribed to several electronic discussion lists. These lists include:

- *doitsem* - A public forum to discuss STEM issues pertaining to individuals with disabilities.
- *doitchat* - A forum where DO-IT protégés and mentors interact.
- *mentors* - A discussion list for *Mentors*.
- disability-specific lists - Where *Mentors* and protégés each participate in special interest groups to discuss issues related to a specific disability area.

For more information about DO-IT's mentoring community, consult *Opening Doors: Mentoring on the Internet* at [www.uw.edu/doi/Brochures/Technology/doors.html](http://www.uw.edu/doi/Brochures/Technology/doors.html).



## AccessSTEM Mentoring Teams

As part of a special project, DO-IT is inviting *Mentors* with academic and/or professional backgrounds in science, technology, engineering, and mathematics (STEM) fields to participate in AccessSTEM mentoring teams. This effort is part of DO-IT's Alliance for Students with Disabilities in Science, Technology, Engineering, and Mathematics, which is funded by the National Science Foundation (Award #HRD-0227995 and HRD-0833504). Each mentoring team links students together with *Mentors* who are studying, teaching, and working in a STEM area similar to those the protégé is interested in pursuing. Ideally, each AccessSTEM mentoring team is composed of at least one high school student, one college student, and one STEM professional. These *Mentors* participate on the AccessSTEM, *Mentors*, and doitsem discussion lists; they have the option of joining doitchat and disability-specific lists.

## Eligibility

College students, postsecondary faculty, and professionals from a variety of challenging academic and career fields are encouraged to apply.

## How to Apply

Submit the *DO-IT Mentor Application* online at [www.uw.edu/Stem/mentor\\_app.html](http://www.uw.edu/Stem/mentor_app.html), or submit the following form by postal mail, fax, or email.

Because safety is of particular concern for young people using the Internet, all *Mentor* candidates are asked to complete and return a Criminal Conviction & Civil Finding History Questionnaire. We will email you a link to this form when we receive your completed application.

## About DO-IT

DO-IT (Disabilities, Opportunities, Internetworking, and Technology) serves to increase the successful participation of individuals with disabilities in challenging academic programs and careers. Primary funding for DO-IT is provided by the National Science Foundation, the State of Washington, and the U.S. Department of Education. This material is based upon work supported by the National Science Foundation under Grant #HRD-0227995 and #HRD-0833504. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author and do not necessarily reflect the views of the National Science Foundation.

DO-IT

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206-685-DOIT (3648) (voice/TTY)

888-972-DOIT (3648) (toll free voice/TTY)

206-221-4171 (FAX)

509-328-9331 (voice/TTY, Spokane)

Founder and Director: Sheryl Burgstahler, Ph.D.



**University of Washington**  
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College of Education

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## DO-IT Mentor Application

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

1. Are you currently a college student? If yes, what institution do you attend? What is your year in school and field(s) of study?
2. Are you currently employed? If so, who is your employer?
3. Please list any postsecondary degrees you have completed.
4. Have you ever been a *Mentor*? If so, please describe your experience(s).
5. Have you had personal or professional experiences with disabilities that you could share with DO-IT participants? If yes, please describe.
6. Please indicate any special interest or background in science, technology, engineering, or mathematics. Are you interested in joining an *AccessSTEM* Team?
7. Do you have any hobbies or special skills that you think will benefit DO-IT mentees?
8. Do you speak a language other than English? If yes, please list.
9. Mentoring a young person is a big responsibility and can change the lives of both the *Mentor* and the mentee. What do you hope to gain from the experience? What do you hope the mentee will gain?



## References

Please list the names and contact information for three references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Participation Agreement

I have read and agree to the expectations listed for *DO-IT Mentors*. I authorize DO-IT to contact my references and process a background check. I agree to report any past convictions to DO-IT at the time of application. Further, I agree to report to DO-IT any future charge or conviction at the time it occurs. I will inform DO-IT of any convictions or charges that relate to minors or vulnerable adults.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Audio/Visual Release Agreement

I hereby agree to participate in the creation of media materials by DO-IT (Disabilities, Opportunities, Internetworking, and Technology) and by DO-IT project partners. I understand that various materials may be created from or associated with my participation in DO-IT events or programs, including the following (“Media Materials”):

- Audio and/or video recordings with text transcripts or summaries
- Photographs, including photographs of me
- Biographical information about me including name, disability, age, interests, city and state of residence, and name of school.

To the extent I may own rights in the Media Materials, I hereby give permission in perpetuity and irrevocably to DO-IT to include the Media Materials in digital, print, or other projects (“Projects”). I understand and agree that including the Media Materials in the Projects means that they may be copied, distributed, displayed, and performed in various media, now known or later developed, including without limitation websites, print media, and exhibits. Except for the permission I am granting here, I retain ownership and all rights I may have in the Media Materials.

I understand and agree that I will receive no monetary payment for the permission I am granting in this Agreement. This Agreement expresses the complete understanding of the parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_