AFB Blind Leaders Mentor Application

Thank you for your interest in being an AFB Blind Leaders Development Program Mentor!

* Required

1. Email *

Before completing this application, be sure you have read and understand the expectations and commitments for AFB Blind Leaders Mentors on the AFB Blind Leaders Development Program website. (http://www.afb.org/BlindLeaders)

Including:

Purchase and read “The Leadership Challenge” book from Audible or acquire it free from Bookshare. Participate in the AFB Blind Leaders Development Program Mentor Training online workshop. Attend the kick-off including "The Leadership Challenge" training, in-person for 3 days the week of August 1-5, 2022. Actively listen to and provide honest and direct communication with your assigned Fellow. Work with your fellow to put at least four behaviors discussed during "The Leadership Challenge" training into practice. Complete all assignments in Google Classroom in a timely manner, and participate in discussions and webinars at least 80% of the time. Attend all one-on-one sessions with your Fellow, read advance materials and questions for each mentoring session at least one hour per month. Submit evaluation forms and communicate openly with AFB staff. Cover ground transportation and some meals when traveling to out-of-town events when AFB covers other expenses. Participate in all follow-up surveys for at least three years (representing a commitment of no more than 2 hours per year).

2. I have read and understand the expectations and commitments of a Mentor in the Blind Leaders Development Program. *

   Yes
   No

3. Can you attend at least one in-person training event, lasting approximately three days with costs covered by AFB? *

   Yes
   No


   Yes
   No

5. Can you dedicate an average of 3 hours per week to AFB Blind Leaders Development Program activities? These will include asynchronous online learning and reading, synchronous meetings/trainings, and/or one-on-one time with your mentor/fellow. *

   Yes
   No
AFB Blind Leaders
Mentor Application
Throughout this application process, if you have any questions email BlindLeaders@afb.org and allow 48 hours for a response.

Demographic Questions
One of the goals of the AFB Blind Leaders Development Program is to select a diverse group of established leaders who are blind or have low vision and who will bring a variety of perspectives and experiences to the program as mentors. We hope to leverage this diversity, thereby enriching the program and empowering all participants with increased understanding and awareness of the perspectives of others.

In this section, we gather demographic information so that we may contact you in a variety of ways as well as to ensure the group of participants is as diverse as possible.

Please note that AFB is committed to protecting your privacy. Only approved AFB staff will have access to your full application.

6. What is your full name as it appears on government issued ID (to be used for travel purposes)? *

7. What name do you prefer to be called (first or nickname)? *

8. What is the email address you check most frequently? *

9. What is your preferred phone number? (enter 10 digits with no spaces or dashes) *

Mailing Address
What is your mailing address? If selected, we will mail you a program welcome packet.

10. Address Line 1 *

11. Address Line 2

12. City *

13. State *

14. Zip *

15. In what time zone are you located? *

- Eastern
- Central
- Mountain
- Arizona
- Pacific
- Alaska
- Hawaii-Aleutian

16. AFB staff and your assigned Fellow will primarily use your email address to contact you. If we need to contact you in another way, how do you prefer to be contacted?

* Text me on my phone
Call me on my phone
Both of these are OK
17. When is it best to communicate with you? Please select all that apply. *

- On weekdays, during daytime hours
- On weekdays, during evening hours
- On weekends
- I have no preference

18. Please share any additional details about how best to contact and communicate with you.

19. What will your age be on July 1, 2022? *

20. What is your gender identity? The term “cisgender” means the gender assigned to you at birth. *

- Cisgender female/woman
- Cisgender male/man
- Gender Queer, Gender-Nonbinary, or Gender Fluid
- Transgender female/woman
- Transgender male/man
- A gender not listed here
- I prefer not to provide this information.

21. What are your preferred pronouns? (example: he/him/his; she/her/hers; they/them)

22. Please indicate your race and ethnicity? Select all that apply. *

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- I don't know
- Two or more races
- Prefer not to say
- Other:

23. What was your first language? *

24. What is the highest level of education you have achieved? *

- High school diploma or equivalent/GED
- Associate degree
- Technical training post-high school
- Bachelor’s degree
- Master’s degree
- Doctorate, Professional (MD, JD, DDS)
- Other:

25. Are you a military veteran? *

- Yes
- No

26. Are you fully vaccinated against COVID-19? At this time AFB requires proof of vaccinations for
all in-person events. *

Yes
No
I can be fully vaccinated by July 15, 2022.

27. Are you an individual who is *

blind
low vision
deafblind

28. I am currently: (select all that apply) *

Full time employee
Part-time employee
Full-time student
Part-time student
Consultant or Business Owner
Retired
Other:

29. Who is your current employer? If retired or unemployed, indicate your most significant employer. *

30. What is your current job title? *

31. Do you currently manage other people? *

Yes
No

32. If yes, how many?

33. Is your participation in this program being sponsored by your employer, university, or another organization? *

Yes
No
Unsure, I need more information about this.

34. If yes, please explain and provide sponsor contact information.

35. I work in the following sector, or if not currently employed, I have primarily worked in the following sector: *

Corporate
Government
Non-profit
Other:

36. Please tell us about any personal and professional organizations, agencies, or groups in which you are or have been involved. Describe your role(s).

Before answering questions in this section, please be sure you have read the participant selection
criteria for the AFB Blind Leaders Development Program on the website. (http://www.afb.org/BlindLeaders) You will be asked to upload a resumé at the end of this form. There are also several long-answer questions. We highly recommend that you write your answers in a word processing application first, then copy and paste them into this Google Form.

37. Describe your past or present leadership roles and accomplishments at work, within organizations, and/or in the community. Be as specific as possible. *

38. Why do you want to participate in Blind Leaders? *

39. Do you have previous experience as a mentor? If yes, please describe in detail. If no, please describe the skills you would bring to a mentoring relationship. *

40. What skills or abilities do you possess that other Blind Leaders could benefit from learning? *

41. I primarily use a *

Windows computer
Mac computer

42. I am competent in my skills to attend a virtual meeting using Zoom where I am expected to access documents and take notes. *

Strongly agree
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Strongly disagree

43. I have the hardware and software needed to use email, word processing, calendar, and the internet, as well as the Zoom meeting platform and a learning management system: *

at home only
at work only
in both locations
I do not have technology at all
I'm not sure

44. How frequently do you use the following? *

Frequently=daily or almost daily
Regularly=at least 3 times per week
Occasionally=a couple of times a month
Rarely=a couple of times in the last 6 months
Never=I have never used

Email
Calendar
Word Processing
45. In terms of using assistive technology on your computer and smart phone, do you consider yourself a: *

Beginner user
Intermediate user
Advanced user
I do not need assistive technology
I do not know how to use assistive technology.

46. Which statement describes your braille reading ability? *

I do not read braille
I read Grade 1 (uncontracted) braille and occasionally use braille for reading and writing
I read Grade 2 (contracted) braille and use braille as a primary tool for reading and/or writing text
I read Grade 2 (contracted) braille, but not as my primary tool
Other:

47. If you are selected for the program, when could you participate in Blind Leaders activities? Select all that apply: *

During daytime weekday hours
On weekday evenings
On weekends

48. Is there anything not covered in this application that you feel is important for the Selection Committee to know about you?

49. Please upload a copy of your resume. *

50. How much help, if any, did you need to complete this application? *

I needed someone to help me complete the entire application.
I needed some help, but was able to complete most of the application myself.
I needed a little help, but for the most part completed the application myself.
I completed the application without any help, even with uploading my resume.