

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

4. Can you locate, purchase, and read "The Leadership Challenge, Sixth Edition"? (Accessible versions available through Bookshare and Audible) *

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

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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

GenderQueer, 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

Spreadsheet

Zoom Meetings

Online learning

Facebook

LinkedIn

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.