



# Mentor for a Day Employer Application

Email completed form to Alan@novalabel.com or  
KSassaman@schultzwilliams.com.  
For more info, call Alan at 301.386.4433 or Krista at 202 302 2457

**(Please print clearly. Please attach pertinent agency/organization information.)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Provide a detailed description of your company and how you can expose the student to the areas of your business.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the primary activity that best describes your firm?**

- agency     list/database     publishing
- association     nonprofit     telemarketing
- business to business     printer     lettershop
- graphic design     internet
- other (please specify) \_\_\_\_\_



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### What job functions exist in your organization (check all that apply)

- account manager/client services     advertising     analysis     communications/pr
- copywriter     creative design     customer service     database marketing
- direct mail     e-commerce     fulfillment/warehouse     information technology
- internet/electronic media     marketing     production
- product brand management     project management     sales/support
- telecom     telemarketing     list management
- other (please specify) \_\_\_\_\_

### Would you be interested in having more than one student visit within a calendar year?

- Yes     No

### What days are you available for visits? Mon Tues Wed Thurs Fri

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### Release and Authorization

I hereby authorize the Direct Marketing Association of Washington Educational Foundation and its authorized representative(s), bearing this release or copy thereof, to share my information with participating students.

I understand, also, I am required to abide by all the rules and regulations of the Direct Marketing Association of Washington Educational Foundation's "Mentor for a Day Program".

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Authorizing Signature (Full Name)                      Full Name (Printed)                      Date

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