



# 1

## 2020 UCEDD Summer Internship Program Application

**Thank you for your interest!**

Thank you for your interest in the OHSU UCEDD Summer Internship Program.

Please review the information on the [UCEDD Summer Internship webpage](#) before completing this application. On the webpage you will find important information about requirements, dates, and deadlines as well as descriptions of the work placements we typically offer.

You may return to this application form multiple times until completed and submitted. Once submitted you will not be able to edit your responses. We highly recommend completing the PDF version, available for download on the website first, and then entering the information in this online form when you are ready.

The application deadline is January 31, 2020 at 5pm.

If you need this application in an alternate format, please contact us at:  
stapleta@ohsu.edu, or call at 503-494-1519.

## 1. Contact Information

### Contact Information

First Name

Last Name

Address

City

State

Zip Code

Email Address

Phone Number

Date of Birth:

Month

Day

Year

Have you participated in this program in the past?

If so, what year(s)?

Have you participated in any other OHSU student programs in the past?

If yes, what year(s) and what was the name of the program(s)?

Race:

- ☐ **African American or Black**– refers to people having origins in any of the Black racial groups of Africa.
- ☐ **White**– refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **American Indian or Alaskan Native**– refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **More than one race**– includes individuals who identify with two or more racial designations.
- ☐ **Native Hawaiian or Other Pacific Islander**– refers to people having origins in any of the original peoples
- ☐ None of the options listed

of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** – refers to people having origins in any of the original peoples

Prefer not to answer

- ☐ of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
- ☐

Ethnicity: Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Prefer not to answer

What do you consider to be your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Non binary/ third gender
- ☐ Prefer not to answer
- ☐  Prefer to self describe (please fill in below)

## Personal relationship with disability. Check all that apply

- ☐ I am a person with a disability
- ☐ I am a person with a special health care need
- ☐ I am a family member of a person with a disability
- ☐ I am a family member of a person with a special health care need
- ☐ I don't have a personal relationship with disability
- ☐ I prefer not to answer
- ☐  Other (please fill in below)

Emergency contact name:

Emergency contact phone number:

Emergency contact email address:

Relationship to applicant

## Education

<b>2020 UCEDD Summer Internship Program Application</b>
<b>Education</b>

## Education

The UCEDD Summer Internship begins June 22, 2020. What will your level of education be on that date?

☐ Current high school student

- ☐ High school graduate or GED recipient, no college
- ☐ Current college, university, or vocational program student
- ☐ College, university, or vocational program graduate
- ☐  Other (please fill in below)

### High school information:

Name

City/Town

State/Province

### Highest grade completed in high school:

Have you participated in a health occupations program at your high school?



College/University/Vocational program information (leave blank if not enrolled)

Name

City/Town

State/Province

How many college, university, or vocational program credits have you completed?

- ☐ None
- ☐ Less than 30
- ☐ 30-59
- ☐ 60-89
- ☐ 90-119
- ☐ 120 or more

## Block 20

### 2020 UCEDD Summer Internship Program Application

#### Employment, Volunteer, or Internship Experience

We're interested in learning about your current or previous job, volunteer, or internship experience.

Please use this section to provide information about positions you have held.

It's okay if you have less than three. If you have more than three, please list your three most recent positions.

## Employer/Organization Information

### #1- Employer or organization information

Name

Company or organization

Address

City/Town

State/Province

Zip/Postal code

Phone Number

Position:

Explanation of duties:

Dates of Employment/Volunteer/Internship:

**Employer/Organization Information 2**

#2- Employer or organization information

Name

Company or organization

Address

City/Town

State/Province

Zip/Postal code

Phone Number

Position:

Explanation of duties:

Dates of Employment/Volunteer/Internship:

## **Employer/Organization Information 3**

#3- Employer or organization information

Name

Company or organization

Address

City/Town

State/Province

Zip/Postal code

Phone Number

Position:

Explanation of duties:

Dates of Employment/Volunteer/Internship:

## References

<b>2020 UCEDD Summer Internship Program Application</b>
<b>References</b>

Please provide contact information for three personal and/or professional references.

Please do not include relatives.

References can be:

- Teacher

- Mentor
- School counselor
- Job coach
- Employer or supervisor
- Volunteer supervisor
- Coach
- Faith or spiritual community leaders
- Other individuals not related to you who can speak to your skills, abilities, and professionalism

An email address and/or phone number is required for each reference.

## Reference #1

Reference #1

First and Last Name

Email Address

Phone Number

Relationship to applicant:

## Reference #2

First and Last Name

Email Address

Phone Number

Relationship to applicant:

## Reference #3

First and Last Name

Email Address

Phone Number

Relationship to applicant:

## Short Answer Questions

### 2020 UCEDD Summer Internship Program Application

#### Short Answer Questions

Please provide responses to the following prompts. These answers are an important part of the application and one of the main ways we get to know our applicants and choose applicants to participate in an interview.

If you would like to submit your answers in a different format, such as video or audio, please contact us at:  
stapleta@ohsu.edu, or call at 503-494-1519.

Written responses should be between 200 and 300 words in length.

## Short Answer Questions- Main

How will participating in an internship in disability and health help you achieve your educational and/or career goals?



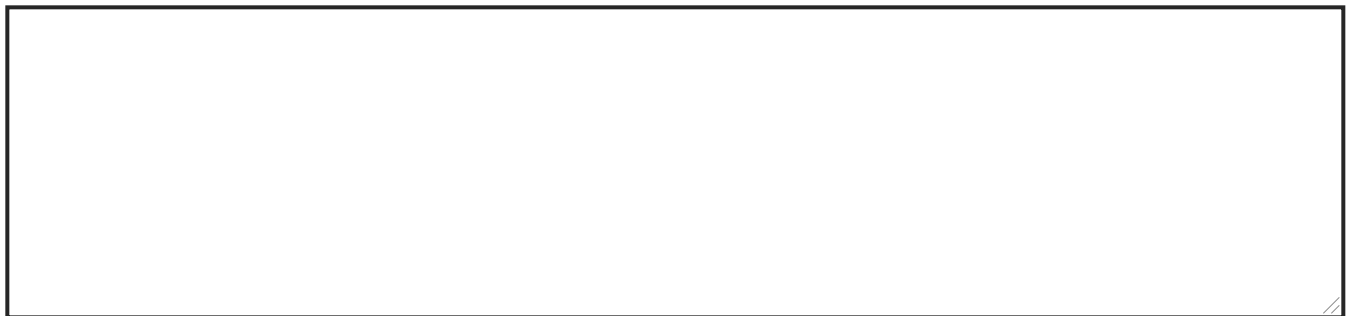
Describe how disability is a part of your life experience, either directly or indirectly.

A large, empty rectangular text box with a thin black border, intended for a response.

As a community, what are some ways we could be better at how we treat people with disabilities?

A large, empty rectangular text box with a thin black border, intended for a response.

Describe a situation or experience in your past where you made a mistake. In what ways did you learn and grow from this experience?

A large, empty rectangular text box with a thin black border, intended for a response.

## How did you find out about us?

### 2020 UCEDD Summer Internship Program Application

#### How did you find out about us?

How did you learn about this program?

- ☐ OHSU Website
- ☐ Saturday Academy
- ☐ Flyer
- ☐ Teacher
- ☐ School Counselor
- ☐ Parent
- ☐ Other (please specify below)

