2022 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 first completing the PDF version, available for download on the website, and then entering the information in this online form when you are ready.

The application deadline is January 17th, 2022 at 5pm.

If you need this application in an alternate format, please contact us at: stapleta@ohsu.edu, or call at 503-418-1061
Applicant Contact Information

- Name: First, Last ________________________________________________
- Email Address ________________________________________________
- Mailing Address ________________________________________________
- City __________________________
- State __________________________
- Zip Code ________________________________________________
- Phone Number ________________________________________________
Applicant Date of Birth: (mm/dd/yyyy)

How old will you be on June 20th, 2022?

○ Younger than 16
○ 16
○ 17
○ 18
○ 19
○ 20
○ 21
○ 22
○ Older than 22
The UCEDD is committed to diversity and inclusion. We ask the following questions to help ensure the UCEDD Summer Internship Program interns are a diverse group of students.

Applicant Race:

☐ African American or Black- refers to people having origins in any of the Black racial groups of 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. Please write in tribe:

________________________________________________

☐ Native Hawaiian or Other Pacific Islander- refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian- refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

☐ White- refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ More than one race- includes individuals who identify with two or more racial designations.

☐ None of the options listed

☐ Prefer not to answer
Applicant 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
☐ Latino
☐ Prefer not to answer

What do you consider to be your current gender identity?

☐ Male
☐ Female
☐ Transgender
☐ Non binary/ third gender
☐ Do not identify as male, female, non-binary or transgender
☐ Prefer not to answer
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)
Have you participated in this program in the past?

- [ ] Yes
- [ ] No

What year(s) did you participate in this program in the past?

________________________________________________________________

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

- Yes
- No

What year(s) and what was the name of the OHSU student program(s)?

________________________________________________________________

End of Block: 1. Contact Information

Start of Block: Block 14

2022 UCEDD Summer Internship Program Application
Virtual Internship Questions

The 2022 UCEDD Summer Internship will have options for in-person or online (telework) placements. We are interested in learning about your computer skills and technology access to help us with internship placement.

________________________________________________________________

Have you attended an online class or online meeting before?

- Yes
- No
Have you used Zoom before?

- Yes
- No
- I've used another platform (please let us know which online meeting platform you have used) ________________________________________________

Do you have a computer with a camera and microphone?

- Yes
- No
- Other (if other, please let us know what you have, i.e. a phone, a computer but not a microphone, etc.) ________________________________________________

Do you have internet or access to the internet?

- Yes
- No
- Other ________________________________________________
Is there anything that would prevent you from attending the virtual orientation during the week of June 20th?

☐ No

☐ Yes (if yes, please explain)

Is there anything that would prevent you from completing the internship?

☐ No

☐ Yes (if yes, please explain)
Please share your familiarity with the following:

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<th></th>
<th>Never used</th>
<th>Unfamiliar</th>
<th>Somewhat</th>
<th>Familiar</th>
<th>Very Familiar</th>
</tr>
</thead>
<tbody>
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<td>Attaching file to email</td>
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<td>Opening, closing and navigating through folders</td>
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</tbody>
</table>
Note: In compliance with Oregon law, OHSU’s COVID-19 Immunization and Education policy will go into effect Oct. 18, 2021. Visitors and volunteers who have an in-person experience at OHSU must be fully vaccinated (14 days after last dose). Exception requests from visitors and volunteers will not be accepted. Please be prepared to provide proof of vaccination, or to receive a Covid-19 vaccination, as a requirement for onboarding for your in-person experience at OHSU. You will not be allowed to participate within OHSU if you are not compliant with this policy.

Please select your preference for in-person or virtual (/telework) internship placement.

- In-person
- Virtual (telework)

Emergency Contact Information:

- Name ________________________________________________
- Phone number ________________________________________________
- Email address ________________________________________________
- Relationship to applicant ________________________________________________
The UCEDD Summer Internship begins the week of June 20, 2022. What will your level of education be on that date?

- Current high school student
- Current transition school program 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) ________________________________________________

Highest grade completed:

________________________________________________________________

______________________________

Are you currently enrolled in high school or college?

- Yes
- No

______________________________

Will you be enrolled in high school or college next term/semester?

- Yes
- No

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

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

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

☐ Name ______________________________
☐ City/Town ______________________________
☐ State/Province ______________________________

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

☐ Yes
☐ No

End of Block: Education

2022 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.

End of Block: Block 20

Start of Block: 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:

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End of Block: Employer/Organization Information

Start of Block: 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:

________________________________________________________________
________________________________________________________________
________________________________________________________________
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Dates of Employment/Volunteer/Internship:

________________________________________________________________
________________________________________________________________
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End of Block: Employer/Organization Information 2
Start of Block: 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:

________________________________________________________________

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Dates of Employment/Volunteer/Internship:

________________________________________________________________

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________________________________________________________________

End of Block: Employer/Organization Information 3

Start of Block: Short Answer Questions

2022 UCEDD Summer Internship Program Application
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 503-418-1061.

We suggest that your written responses be at least 200 to 300 words in length.

End of Block: Short Answer Questions

Start of Block: Short Answer Questions - Main

How will participating in an internship in disability and health help you achieve your educational and/or career goals? Please give at least two examples.

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

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Give an example of a time when you observed a person being treated unfairly. What could have been done differently?

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Page Break
What has your personal, work, volunteer, or academic experience taught you about why diversity and inclusion are important? For example, you could include experience with ethnicity, class, culture, language, sexual orientation, and disabilities.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Short Answer Questions - Main

Start of Block: References

**2022 UCEDD Summer Internship Program Application**

**References**

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.

End of Block: References

Start of Block: Reference #1

*
Reference #1

- First and Last Name ________________________
- Email Address ________________________
- Phone Number ________________________

Relationship to applicant:

________________________________________________________________

Page Break

Page Break
Reference #2

☐ First and Last Name ________________________________________________

☐ Email Address ________________________________________________

☐ Phone Number ________________________________________________

________________________________________________________________

Relationship to applicant:

________________________________________________________________

Page Break
Reference #3

- First and Last Name
- Email Address
- Phone Number

Relationship to applicant:

End of Block: Reference #1

Start of Block: How did you find out about us?

2022 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)

Please check box if you're interested in receiving future communication about:

- [ ] Future events, trainings and webinars for students
- [ ] Summer Internship Program announcements
- [ ] Future events trainings and webinars for professionals and general public
- [ ] University Center for Excellence in Developmental Disabilities (UCEDD) quarterly Newsletter
- [ ] Oregon Office on Disability Health (OODH) quarterly Newsletter

This is the end of the UCEDD 2022 Summer Internship Program Application. Your application will be submitted when you click the "next" button so please review your application before you click "next".

End of Block: How did you find out about us?