2023 Summer Internship Program Application

2023 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 of the application, available for download on the website, and then entering the information in this online form when you are ready.

The application deadline is January 16th, 2023 at 5pm PST.

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

- Name: First, Last

- Mailing Address

- City

- State

- Zip Code

- Phone Number

Applicant email addresses

- Primary (permanent email - no educational .edu addresses)

- Secondary (.edu or other email addresses)
Demographic info

Applicant Date of Birth: (mm/dd/yyyy)

How old will you be on June 19th, 2023?

- Younger than 16
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- Older than 22
Race

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

○ Black or African American: refers to people having origins in any of the Black racial groups of Africa.

○ American Indian and 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. Tribe: ____________________________________________________

○ 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).

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

○ More than one race includes individuals who identify with two or more racial designations

○ You do not identify with the categories.

○ 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. Please check all that apply.

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

Do you speak a language other than English at home?

☐ Yes, Spanish
☐ Yes, Other Language:
__________________________________________________

☐ No

If yes, how well do you speak English?

☐ Very Well
☐ Well
☐ Not Well
☐ Not at all
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)
Are you a first-generation college student?
OHSU defines a first-generation college student as a student whose parents have not earned an associate's degree or higher.

○ Yes
○ No
○ I prefer not to answer
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Internship Attendance and Placement Questions

Have you participated in this program in the past?

○ Yes
○ No

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

____________________________________________________

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)?

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

☐ No

☐ Yes (if yes, please explain)

__________________________________________________

Is there anything that would prevent you from attending the virtual orientation on Tuesday, June 20th and Wednesday, June 21st, 2023?

☐ No

☐ Yes (if yes, please explain)

__________________________________________________

Please note: In compliance with Oregon law, OHSU's COVID-19 Immunization and Education policy went 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.
Since hybrid internships will have some in-person experience, SIP interns who will be hybrid will need to meet this requirement.

Please let us know your preference for in-person, hybrid or a virtual internship. (click all that apply)

☐ In-person

☐ Hybrid

☐ Virtual
Emergency Contact Information:

- Name

- Phone number

- Email address

- Relationship to applicant

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Education

The UCEDD Summer Internship begins the week of June 19, 2023. 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

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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.
#1- Employer or organization information

- Employer Name
  __________________________________________________________________________

- Company or organization
  __________________________________________________________________________

- Address
  __________________________________________________________________________

- City/Town
  __________________________________________________________________________

- State/Province
  __________________________________________________________________________

- Zip/Postal code
  __________________________________________________________________________

- Phone Number
  __________________________________________________________________________

Position (your job title or role at the organization):

____________________________________________________________________________

____________________________________________________________________________

Explanation of duties:

____________________________________________________________________________

____________________________________________________________________________
Dates of Employment/Volunteer/Internship:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
#2- Employer or organization information

- Employer Name
  
- Company or organization
  
- Address
  
- City/Town
  
- State/Province
  
- Zip/Postal code
  
- Phone Number

Position (your job title or role at the organization):

Explanation of duties:
Dates of Employment/Volunteer/Internship:
#3- Employer or organization information

Employer Name

__________________________________________________

- Company or organization

__________________________________________________

- Address

__________________________________________________

- City/Town

__________________________________________________

- State/Province

__________________________________________________

- Zip/Postal code

__________________________________________________

- Phone Number

Position (your job title or role at the organization):

__________________________________________________

Explanation of duties:

__________________________________________________

__________________________________________________
Dates of Employment/Volunteer/Internship:
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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 503-418-1061.

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

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Some organizations are not very welcoming to people with disabilities. What do you think organizations could do to better include people with disabilities? For example, you could talk about your own experience or things you've observed at your school, college, medical offices, work, or other environments. Please give at least two examples.

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________
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, race, class, culture, language, sexual orientation, and disabilities.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
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References

Please provide contact information for two 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.

If you are selected to be an intern, we will contact your references either through email or by calling them and asking for a brief recommendation.
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:
  ____________________________________________________
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How did you find out about us?

How did you learn about this program?

- OHSU Website or email newsletter
- Handshake
- School email
- Saturday Academy
- Flyer
- Teacher
- School Counselor
- Parent
- Recommended by a friend, classmate or coworker
- 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 2023 Summer Internship Program Application.