

# 2024 Summer Internship Program Application

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Start of Block: 1. General Information

Summer Internship Program Application

2024 UCEDD

Thank you for your interest!

Deadline to apply: January 15th, 2024 at 5pm PST

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 internship 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. It can be helpful to download the PDF, write down your answers and then come back to this application and enter your information in this form to submit.

If you need accommodations to complete this application, please email [stapleta@ohsu.edu](mailto:stapleta@ohsu.edu), or call at 503-418-1061

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). Please be prepared to provide proof of vaccination, or to receive a COVID-19 vaccination, as a requirement for onboarding for your in-person or hybrid experience at OHSU. You may not be allowed to participate within OHSU if you are not compliant with this policy.

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Summer Internship Program Application

General Information

Applicant Contact Information: First and Last Name

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Applicant Mailing Address

☐ Mailing Address, City, State, Zip Code

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Applicant email addresses

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

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☐ Secondary (.edu or other email addresses)

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Applicant Phone Number

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

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How old will you be on June 17th, 2024?

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

End of Block: 1. General Information

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Start of Block: Internship Attendance and Placement Questions

**Summer Internship Program Application**  
**Placement Questions**

**2024 UCEDD**  
**Internship Attendance and**

Have you participated in the OHSU UCEDD Summer Internship Program (SIP) in the past?

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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Is there anything that would prevent you from completing the required internship hours? (24 hours per week, between the hours of 8 to 5 pm PDT Monday through Friday, for 8 weeks)

☐

No

☐

Yes (if yes, please explain)

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Is there anything that would prevent you from attending the orientation on Monday, June 17th and Tuesday, June 18th, 2024?

☐

No

☐

Yes (if yes, please explain)

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### Formal College Credit

Some students may want to receive college credit for their internship. The internship credit process is typically done through your home university or college and you will have to pay your institution for college credit. You will need to reach out to your college or university to arrange internship credit. It's up to the intern to get all documentation to the SIP team that is needed by your university or college.

Do you plan on requesting college credit if you are selected as a SIP intern?

- ☐ Yes
- ☐ No
- ☐ Other (please explain) \_\_\_\_\_

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End of Block: Internship Attendance and Placement Questions

Start of Block: Education

Summer Internship Program Application

2024 UCEDD

Education

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The UCEDD Summer Internship begins the week of June 17, 2024. What will be your highest grade completed on June 17th, 2023? (please select all that apply)

- ☐ High School Freshman
  - ☐ High School Sophomore
  - ☐ High School Junior
  - ☐ High School Senior
  - ☐ High school graduate or GED recipient, no college
  - ☐ Community College Student
  - ☐ University Freshman
  - ☐ University Sophomore
  - ☐ University Junior
  - ☐ University Senior
  - ☐ College, university, or vocational program graduate
  - ☐ Other (please fill in below)
- 

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Are you currently enrolled in high school or college?

- ☐ Yes
  - ☐ No
-

Will you be enrolled in high school or college in the fall of 2024?

☐ Yes

☐ No

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

☐ Name \_\_\_\_\_

☐ City/Town \_\_\_\_\_

☐ State/Province \_\_\_\_\_

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If you are in college or university, what is your Area of Focus (e.g. major/minor)

\_\_\_\_\_

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

☐ Yes

☐ No

End of Block: Education

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Start of Block: Emergency Contact Info

**Emergency Contact Information:**

- ☐ Name \_\_\_\_\_
- ☐ Phone number \_\_\_\_\_
- ☐ Email address \_\_\_\_\_
- ☐ Relationship to applicant \_\_\_\_\_

End of Block: Emergency Contact Info

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Start of Block: Employer, Volunteer, or Internship Experience

**2024 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 relevant positions.

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#1- Employer or organization information

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

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

\_\_\_\_\_

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Explanation of duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Dates of Employment/Volunteer/Internship:

\_\_\_\_\_

\_\_\_\_\_

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#2- Employer or organization information

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

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

\_\_\_\_\_

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Explanation of duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Dates of Employment/Volunteer/Internship:

\_\_\_\_\_

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### #3- Employer or organization information

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

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

\_\_\_\_\_

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Explanation of duties:

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

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Dates of Employment/Volunteer/Internship:

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

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### Additional Work or Volunteer Experience Question

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Have you worked or volunteered in a healthcare setting or with populations that experience health disparities?

Examples of populations that experience health disparities include people who identify as a part of the LGBTQIA2S+ community, a racial and ethnic minoritized community, the disability community, etc.

Please check all that apply.

☐

Yes, I've worked or volunteered in a healthcare setting

☐

Yes, I've worked or volunteered with populations that experience health disparities

☐

No, I have not worked or volunteered in a healthcare or disability-focused setting or with populations that experience health disparities

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If you answered yes to any of the above, please provide a short, one-sentence description of your experience

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End of Block: Employer, Volunteer, or Internship Experience

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Start of Block: Short Answer Questions

**2024 UCEDD**

**Summer Internship Program Application**

**Short Essay 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](mailto:stapleta@ohsu.edu), or call at 503-418-1061.

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

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

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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.

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What has your personal or lived experience taught you about diversity and inclusion? For example, you could include experience with ethnicity, race, class, culture, language, sexual orientation, and disabilities.

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End of Block: Short Answer Questions

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Start of Block: References

**2024 UCEDD**

**Summer Internship Program Application**

**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.

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Reference #1

☐ First and Last Name \_\_\_\_\_

☐ Email Address \_\_\_\_\_

☐ Phone Number \_\_\_\_\_

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Relationship to applicant:

\_\_\_\_\_

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Reference #2

☐ First and Last Name \_\_\_\_\_

☐ Email Address \_\_\_\_\_

☐ Phone Number \_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

End of Block: References

Start of Block: Demographic Information

**Summer Internship Program Application**

**2024 UCEDD**

**Demographic Questions**

The demographic questions are intended to help us better recruit diverse students into the program. You may select "I prefer not to answer" for these questions. Preference will be given to students of diverse backgrounds.

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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)

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Some students have been historically underrepresented in health-related sciences.

Do you identify as belonging to one of these underrepresented groups? (please select all that apply)

☐ Underrepresented racial or ethnic minority\* (Defined in the OHSU Fact Book as: Black/African American, Hispanic/Latinx, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Korean, Vietnamese, or any 2 or more races with at least 1 classified as URM)

☐ First generation college student now or when you go to college (Defined as a student whose parents have not earned an associate's degree or higher)

☐ History of you or your parents or caregivers receiving social services (for example: Medicaid, Food Stamps/SNAP, WIC)

☐ A member of the LGBTQIA2S+ community

☐ None of these apply

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Race (select all that apply)

☐

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:

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☐

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

☐

Prefer to self describe (please share details in text box)

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☐

Prefer not to answer

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What do you consider to be your current gender identity? (select all that apply)

- ☐ Male
  - ☐ Female
  - ☐ Transgender
  - ☐ I use a different term (option to enter your preferred term in the text box below)  

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  - ☐ Don't know
  - ☐ Prefer not to answer
- 

Which of the following best represents how you think of yourself? [Select ONE]:

- ☐ Lesbian or gay
  - ☐ Straight, that is, not gay or lesbian
  - ☐ Bisexual
  - ☐ Two-Spirit
  - ☐ I use a different term (option to enter your preferred term in the text box below)  

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  - ☐ Don't know
  - ☐ 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

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Do you speak a language other than English at home?

☐

Yes, Spanish

☐

Yes, Other Language: \_\_\_\_\_

☐

No

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If yes, how well do you speak English?

☐

Very Well

☐

Well

☐

Not Well

☐

Not at all

End of Block: Demographic Information

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

## Summer Internship Program Application

How did you find out about us?

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How did you learn about this program?

- ☐ OHSU Website or email newsletter
  - ☐ Handshake
  - ☐ School email
  - ☐ Saturday Academy
  - ☐ Talked to UCEDD staff at an event
  - ☐ 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:

- ☐ Summer Internship Program announcements
- ☐ Future events, trainings and webinars for students
- ☐ Future events trainings and webinars for professionals and general public
- ☐ University Center for Excellence in Developmental Disabilities (UCEDD) quarterly Newsletter
- ☐ Community Engagement Grant
- ☐ Oregon Office on Disability Health (OODH) quarterly Newsletter
- ☒ I'd like to sign up for all of these communications!

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This is the end of the UCEDD 2024 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?

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