

2026 Summer Internship Program Application

Thank you for your interest!

Deadline to apply: January 12th, 2026, 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 UCEDDSIP@ohsu.edu

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.

2026 UCEDD Summer Internship Program Application

General Information

Applicant Contact Information: First and Last Name

Applicant Permanent Address

☐ Address, City, State, Zip Code

Applicant email addresses

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

☐ Secondary (.edu or other email addresses)

Applicant Phone Number

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

How old will you be on June 15, 2026?

☐ Younger than 16

☐ 16

☐ 17

☐ 18

☐ 19

☐ 20

☐ 21

☐ 22

☐ Older than 22

2026 UCEDD Summer Internship Program Application

Internship Attendance and Placement Questions

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

☐ Yes

☐ No

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

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)

Is there anything that would prevent you from attending the in-person orientation on Monday, June 15th, 2026?

☐ No

☐ Yes (if yes, please explain)

Do you anticipate any planned absences during the 8-week internship? Please explain below and include dates, be specific.

☐

No

☐

Yes (if yes, please explain)

2026 UCEDD Summer Internship Program Application

Education

The UCEDD Summer Internship begins the week of June 15, 2026. What will be your highest grade completed on June 15th, 2026? For example, if you graduated high school in June 2026, you would work 'High School Senior'.

- ☐ High School Freshman
 - ☐ High School Sophomore
 - ☐ High School Junior
 - ☐ High School Senior
 - ☐ GED recipient
 - ☐ Community College Student
 - ☐ University Freshman
 - ☐ University Sophomore
 - ☐ University Junior
 - ☐ University Senior
 - ☐ College, university, or vocational program graduate
 - ☐ Other (please fill in below)
-

Will you be enrolled in high school or college in the fall of 2026?

☐ Yes

☐ No

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

☐ Name _____

☐ City/Town _____

☐ State/Province _____

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

Emergency Contact Information:

☐ Name _____

☐ Phone number _____

☐ Email address _____

☐ Relationship to applicant _____

2026 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.

#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:

2026 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: UCEDDSIP@ohsu.edu

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

How will this internship help you explore and prepare for a healthcare career or job you're interested in? Please give at least two examples of what you hope to learn during the internship.

What does inclusion of people with disabilities mean to you? Share at least two examples of times you saw inclusion done well or not well — for example, at school, in your community, or in another setting.

2026 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 are 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:

2026 UCEDD Summer Internship Program Application

Demographic Questions

The demographic questions are intended to help us better understand who applies to our program. You may select "I prefer not to answer" for these questions.

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)
-

Check what applies to you.

- ☐ I am a 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)
 - ☐ I am not a first generation college student now or when I got to college
 - ☐ I prefer not to answer
-

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:

- ☐ 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
- ☐ I prefer to self-describe (please share details in text box)

- ☐ I 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

☐

I prefer not to answer

2026 UCEDD Summer Internship Program Application
How did you find out about us?

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
 - ☐ OHSU Internship Fair
 - ☐ Social Media
 - ☐ 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!

If other opportunities come up with the UCEDD, can we contact you?

- ☐ Yes
- ☐ No

This is the end of the UCEDD 2026 Summer Internship Program Application. Your application will be submitted when you click the "next" button so please review your application before you click "next."