

2025 Summer Internship Program Application

2025 UCEDD Summer Internship Program Application

Thank you for your interest!

Deadline to apply: January 10th, 2025 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 Reanna McMillan at mcmillar@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.

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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 16, 2025?

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

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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?

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

Yes

No

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

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 16th?

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)

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Education

The UCEDD Summer Internship begins the week of June 16, 2025. What will be your highest grade completed on June 16th, 2025? For example, if you graduated high school in June 2025, 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)
-

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

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 _____

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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 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:

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#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:

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#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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**2025 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: mcmillar@ohsu.edu

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.

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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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:

2025 UCEDD Summer Internship Program Application 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.

Any student, regardless of immigration status, are able to participate in the internship.

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)
-

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)

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:

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)

Prefer not to answer

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)

 - 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)

 - 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
-

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

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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
 - 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!

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

- Yes
- No

This is the end of the UCEDD 2025 Summer Internship Program Application. Your application will be submitted when you click the "next" button so please review your application before you click "next".