

# **AccessComputing** Team Application

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Are you a high school or college student with a disability?

Would you like to gain valuable experience through paid internships and other work-related opportunities?

Are you interested in computing careers?

Would you like to communicate with mentors working in computing fields?

**If so, then apply now to become a member of our  
*AccessComputing* Team!**

The Department of Computer Science and Engineering at the University of Washington and DO-IT (Disabilities, Opportunities, Internetworking, and Technology) sponsor the *AccessComputing* project for the purpose of increasing the participation of people with disabilities in computing careers. It is funded by the National Science Foundation (award #CNS-0540615 and CNS-0837508). *AccessComputing* provides a nationwide resource to help students with disabilities pursue computing fields and computing educators and employers, professional organizations, and other stakeholders develop more inclusive programs and share effective practices.

Students with disabilities can become part of the *AccessComputing* Team and engage in an on-line community of peers and professionals as they transition to college, graduate school, and employment. *AccessComputing* will also identify opportunities for paid internships and research, especially with college students.

The *AccessComputing Alliance* is recruiting high school and college students with disabilities who are interested in computing careers to join the *AccessComputing* Team. *AccessComputing* student participants will engage in experiences that will enhance their college and career success.



## **AccessComputing Team Eligibility**

High school, college, or graduate students with disabilities in the United States are eligible to be *AccessComputing* Team members. Participants must demonstrate an interest and/or aptitude in pursuing professional careers in computing fields. These fields include systems designers, computer scientists, information professionals, software developers, information systems analysts, technology teachers, and computing faculty. *AccessComputing* participants must have an email account and access to the Internet.

## **Participation Agreement**

As a member of *AccessComputing*, you must actively communicate with *AccessComputing* staff, peers, and mentors. To remain on the *AccessComputing* Team and to be eligible for work-related opportunities, such as internships, you must be an “active participant.” As an “active participant,” you are expected to:

1. Log on to your email account at least once per week and read and respond to e-mail messages.
2. Attend *AccessComputing* events when possible.
3. Notify *AccessComputing* staff of any changes in your contact information, or your ability to participate in *AccessComputing* internships and activities.

## **Application Requirements**

Please contact DO-IT if you would like assistance in completing any portion of your application.

### **1. Application Form**

Complete the attached two-page *AccessComputing* Student Application form. This form must include a parent or guardian signature if you are under eighteen years of age.

### **2. Essay**

Submit a brief essay with your application explaining why you are interested in participating in an *AccessComputing* internship and mentoring and how participation will help you reach your career goals. Include school honors, extracurricular and community activities, work-related experiences, and any other relevant information about yourself.

### **3. Letter of Recommendation**

Submit one letter of recommendation from a teacher, faculty member, or someone who has worked with you closely.

### **4. Resume**

Submit an up-to-date copy of your resume.

## **Submitting AccessComputing Team Applications**

Applications are accepted on an ongoing basis. The *AccessComputing* Team application packet may be submitted via postal mail or fax.

## **AccessComputing**

c/o DO-IT

University of Washington

Box 354842

Seattle, WA 98195-4842

[accesscomp@u.washington.edu](mailto:accesscomp@u.washington.edu)

[www.washington.edu/accesscomputing/](http://www.washington.edu/accesscomputing/)

206-221-4171 (FAX)

206-685-3648 (voice / TTY)

888-972-3648 (toll free voice / TTY)

509-328-9331 (voice / TTY) Spokane

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## **AccessComputing Team Application Form**

### **STUDENT DATA**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and Address of Parent/Guardian (if under 18): \_\_\_\_\_

\_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic Background (optional): \_\_\_\_\_

Please State Your Disability: \_\_\_\_\_

Describe any accommodations that you may need to participate in an internship:

\_\_\_\_\_

\_\_\_\_\_

### **ACADEMIC BACKGROUND**

Are you currently enrolled in:

\_\_\_\_\_ High School \_\_\_\_\_ Community College \_\_\_\_\_ Tech College \_\_\_\_\_ Four-Year University/College

School Name: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

City/State: \_\_\_\_\_ Major(s) (if applicable): \_\_\_\_\_

Specific Career Interests: \_\_\_\_\_

### **EMPLOYMENT/INTERNSHIP INFORMATION**

U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, do you have a right-to-work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where are you able to work in an internship of other work-related experience?

Cities: \_\_\_\_\_

### **Publication Guidelines**

Please note that, on occasion, *AccessComputing* Team members are featured in printed and web-based materials such as *DO-IT News*. As an *AccessComputing* Team member, you agree to allow *AccessComputing* staff and *Alliance* partners to publish information including, but not limited to, your first and last name, email address, city and state of residence, name of school, employer, disability, age, and interests. This information is used for program reporting and data analysis. As an *AccessComputing* Team member, you also waive any right to inspect or approve the finished publication or the eventual use for which it might be applied. Although we will work with *AccessComputing* members to plan and initiate disclosure of their disabilities to potential employers or schools, through the above mentioned publications and in conjunction with *AccessComputing* activities, your disability may be disclosed or implied.

### **Use of Photographs and Video**

Some *AccessComputing* events and work-related experiences are photographed and/or videotaped. When you participate in these activities you may be photographed and/or videotaped. As an *AccessComputing* Team member, you agree to give *AccessComputing* staff and *Alliance* partners permission to copyright, distribute, sell, broadcast, duplicate, exhibit and/or use film, CDs, photographs, printed information, and/or drawings of yourself without limitation for general education, information dissemination, and research purposes in videos, CDs, and printed publications, and on the World Wide Web. In addition, you waive any right to inspect or approve the finished publication or other product in which your image/information might be used. Check here  if you **do not** give permission to be included in pictures or videos.

I have read and agree to the expectations listed in the Participation Agreement, Publication Guidelines, and the Use of Photographs and Video guidelines as indicated above.

I understand that DO-IT may request a criminal background check of program participants. I agree to report to DO-IT any past convictions or present charges that relate to minors or vulnerable adults.

Signature of *AccessComputing* Team applicant: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_

### **For Applicants Under the Age of 18 Years**

I give permission for my son/ daughter to participate in *AccessComputing* activities and events. I have read and agree to the above conditions, including the Participation Agreement expectations, Publication Guidelines, and the Use of Photographs and Video guidelines as indicated above.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

If you have questions about *AccessComputing* or this application, please contact *AccessComputing* at 206-685-3648 voice/TTY; 888-972-3648 toll free voice, TTY, or [accesscomp@u.washington.edu](mailto:accesscomp@u.washington.edu). Mail your completed application to *AccessComputing* c/o DO-IT, University of Washington, Box 354842, Seattle, WA 98195-4842.