AccessSTEM CAREERS is working to increase the number of people with disabilities in science, technology, engineering and mathematics (STEM) careers. AccessSTEM CAREERS is recruiting students from the University of Washington campuses, Bellevue College and Seattle area community colleges who show interest and aptitude in STEM to become members of the AccessSTEM CAREERS Team. Apply today!

AccessSTEM CAREERS Team members
• engage in an online community of peers and professionals that help guide STEM students through college transitions, graduate school and employment
• receive information about paid internships, research experiences, and other work-related opportunities
• attend AccessSTEM CAREERS events and activities
• communicate with professionals in STEM fields

Eligibility
College students with disabilities (including graduate students and recent graduates) from the University of Washington campuses, Bellevue College and Seattle colleges are eligible to be AccessSTEM CAREERS Team members. Priority is given to students who demonstrate an interest and aptitude in pursuing professional careers in STEM fields.

How to Apply
Submit the following application by postal mail, fax, or email. Applications are accepted on an ongoing basis. Please contact us if you would like assistance in completing any portion of your application.

1. Application Form, Participation Agreement, and Audio/Visual Release Agreement
   Complete the attached forms, including parent or guardian signature(s) if you are under eighteen years of age.

2. Paragraph
   Submit a paragraph with your application explaining why you are interested in participating in AccessSTEM CAREERS, 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. Resume
   Submit an up-to-date copy of your resume.
AccessSTEM-CAREERS Team Application

First name: ________________________ Last name: ________________________

Address (street, city, state, zip): ____________________________________________

Phone: __________________________ Email address: ____________________________

Gender: _______ Date of birth: _______ Disability: ____________________________

Ethnicity (optional; select one): □ Hispanic or Latino □ Not Hispanic or Latino

Race (optional; select one or more):
□ American Indian or Alaska Native □ Asian □ Black or African American
□ Native Hawaiian or Pacific Islander □ White

Veteran or military service (optional): □ Yes □ No

Describe any accommodations that you may need to participate in an internship or work-based learning activity such as mock interviews and job shadows:

_________________________________________________________________________

AccessSTEM CAREERS is for Seattle area college students and recent graduates. Please select your school:

Seattle colleges: □ Central □ North □ South
University of Washington: □ Seattle □ Bothell □ Tacoma
□ Bellevue College □ Other:_______________________

Major(s): ________________________ Anticipated/actual graduation date: __________

Specific career interests: ___________________________________________________ GPA: __________

How did you hear about AccessSTEM CAREERS?
□ website □ presentation/meeting
□ email announcement □ poster □ Opportunities! Newsletter □ other publication
□ friend (name): ________________________ □ other (name): ________________________

Citizenship (select one):
□ U.S. citizen □ Permanent resident □ U.S. national □ Non-U.S. citizen

If not a U.S. citizen, do you have a right-to-work permit? □ Yes □ No
Participation Agreement
As a member of AccessSTEM CAREERS, you must actively communicate with AccessSTEM CAREERS staff, peers, and mentors. AccessSTEM CAREERS Team are expected to:

• Check email at least once per week and read and respond to email messages.
• Notify AccessSTEM CAREERS staff of any changes in your contact information, or your ability to participate in AccessSTEM CAREERS internships and activities.

Although we will work with AccessSTEM CAREERS Team members to plan and initiate disclosure of disabilities to potential employers, schools, or other organizations in conjunction with AccessSTEM CAREERS activities, your disability may be disclosed or implied.

I understand DO-IT may request a criminal background check of program participants. I agree to report any past convictions to DO-IT at the time of application. Further, I agree to report to DO-IT any further charge or conviction at the time it occurs.

Signature of Participant: _________________________________ Date: ______________

For Applicants Under the Age of 18 Years
I give permission for my son/daughter to participate in AccessSTEM CAREERS activities and events. I have read and agree to the above conditions, including the Participation Agreement expectations.

Name of Parent/Guardian: _________________________________

Signature of Parent/Guardian: _________________________________ Date: ______________

Name and address of parent/guardian (if under 18): _________________________________

________________________________________________________

Parent Email (if under 18): _________________________________

About AccessSTEM CAREERS
DO-IT (Disabilities, Opportunities, Internetworking, and Technology) at the University of Washington sponsors the AccessSTEM CAREERS project for the purpose of increasing the participation of people with disabilities in STEM careers. It is funded by the Mitsubishi Electric America Foundation (MEAF).

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www.uw.edu/doit/
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888-972-3648 (toll free voice / TTY)
509-328-9331 (voice / TTY) Spokane
206-221-4171 (fax)
Founder and Director: Sheryl Burgstahler, Ph.D.
Audio/Visual Release Agreement

I hereby agree to participate in the creation of media materials by DO-IT (Disabilities, Opportunities, Internetworking, and Technology) and by DO-IT project partners. I understand that various materials may be created from or associated with my participation in DO-IT events or programs, including the following ("Media Materials"):

- Audio and/or video recordings with text transcripts or summaries
- Photographs, including photographs of me
- Biographical information about me including name, disability, age, interests, city and state of residence, and name of school.

To the extent I may own rights in the Media Materials, I hereby give permission in perpetuity and irrevocably to DO-IT to include the Media Materials in digital, print, or other projects ("Projects"). I understand and agree that including the Media Materials in the Projects means that they may be copied, distributed, displayed, and performed in various media, now known or later developed, including without limitation websites, print media, and exhibits. Except for the permission I am granting here, I retain ownership and all rights I may have in the Media Materials.

I understand and agree that I will receive no monetary payment for the permission I am granting in this Agreement. This Agreement expresses the complete understanding of the parties.

The undersigned does hereby authorize Mitsubishi Electric America Foundation to photograph, film and/or use and reproduce any film, videotape, still photographs and transparencies of ________________________________ (Name of Participant - please print) in its annual reports, newsletters, press releases and any other film, print or media format.

The undersigned does hereby release Mitsubishi Electric America Foundation, its parent, affiliates and their assignees from any and all claims whatsoever arising out of, related to or based on the use of said material.

__________________________________________
First Name, Middle Initial, and Last Name of Participant (please print)

__________________________________________
Signature of Participant

__________________________________________
Date

Parent/Guardian Permission Statement For Applicants Under the Age of 18 Years

I, ________________________________, hereby certify that I am the parent and/or guardian of ________________________________. I agree to the above statement

__________________________________________
Name of Parent/Guardian (please print)

__________________________________________
Name of Participant (please print)

__________________________________________
Signature of Parent/Guardian

__________________________________________
Date

05/07/15