Access Computing Team Application

For college and graduate students with disabilities interested in computing careers, mentoring, and internships.

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.

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

Eligibility

College, and graduate students with disabilities in the United States are eligible to be *AccessComputing* Team members. Participants must demonstrate an interest in pursuing professional careers in computing fields. These fields include systems designers, computer scientists, information professionals, software developers, information systems analysts, technology teachers, computing faculty, and other computing professionals.

How to Apply

Apply online at *www.uw.edu/accesscomputing/accesscomputing-team-application*, or submit the following 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.

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

1. **Paragraph**
   Submit a paragraph with your application explaining why you are interested in participating in *AccessComputing* 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.

2. **Reference**
   Submit the name and contact information of a teacher, faculty member, or someone who has worked with you closely and can provide a reference for you.

3. **Resume**
   Submit an up-to-date copy of your resume.

About *AccessComputing*

The Paul G. Allen School of Computer Science & Engineering, the Information School, and DO-IT (Disabilities, Opportunities, Internetworking, and Technology) at the University of Washington 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 (Grant #CNS-0540615, CNS-0837508, CNS-1042260, CNS-1539179).

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AccessComputing Team Application

Date: _____

First name: _____ Last name: _____

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

Phone: _____ Email address: _____

Name of parent/guardian (if under 18): _____

Parent email (if under 18): _____

Parent phone (if under 18): _____

Gender: _____ Date of birth: _____ Disability: _____

Reference name: _____ Reference phone: _____

Reference email: _____

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:

Are you currently enrolled in:

☐ High school ☐ Community college ☐ Tech college
☐ Undergraduate program ☐ Graduate program

School name: _____ Anticipated graduation date: _____

City/State: _____ Major(s) (if applicable): _____

Specific career interests: _____ GPA: _____

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

How did you hear about *AccessComputing*?

☐ *Opportunities!* Newsletter ☐ other publication ☐ email announcement
☐ website ☐ poster ☐ presentation/meeting

☐ friend (name): _____ ☐ other (name): _____

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 or other paid positions, you must be an "active participant." As an "active participant," you are expected to:

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

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

DO-IT may request a criminal background check of program participants. I must report any past convictions to DO-IT at the time of application and 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 *AccessComputing* 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: _____

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.

_____

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

_____   _____

Signature of Participant   *Date*

For Participant under 18 years of age, please have a parent/guardian complete the following:
....

Parent/Guardian Permission Statement

I, _____, hereby certify that I am the parent and/or
         Name of Parent/Guardian

guardian of _____. I agree to the above statement.
                    Name of Participant

_____   _____

Signature of Parent/Guardian   *Date*

05/18/22