

# Access Computing Team Application

For high school, college, or 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

High school, college, or 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/get-involved/students/join-accesscomputing-team](http://www.uw.edu/accesscomputing/get-involved/students/join-accesscomputing-team), 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 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.

### 2. Recommendation

Submit one letter of recommendation from a teacher, faculty member, or someone who has worked with you closely or provide the name and contact information of a person that can provide a reference for you.

### 3. Resume

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



### About AccessComputing

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 (Grant #CNS-0540615, #CNS-0837508, and #CNS-1042260).

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### AccessComputing

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206-221-4171 (fax)

Co-Director: Richard Ladner, Ph.D.  
Co-Director: Sheryl Burgstahler, Ph.D.

## AccessComputing Team Application

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

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Parent Email (if under 18): \_\_\_\_\_

Parent Phone (if under 18): \_\_\_\_\_

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:



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*