

UAA Center for Human Development

"A university center for excellence in developmental disabilities education, research and services."

Partners in Policymaking Project

PIP 1

Internship Application

I am applying for the:

PIP 1 Fall 2010

PIP 1 Spring 2011

Date _____

Last name	First name	Middle initial
Street address	City, state	zip
Mailing address (if different)	City, state	zip

Do you have a disability? Yes No (circle one)	e-mail address:
Telephone number(s) Home: Work: Cell:	Are you a U.S. Citizen? Yes No
Have you ever been a student at UAA? Yes No	If so please give your student ID number
Or UAA user name	Date of Birth (used for UAA as identifier)

Section I.

Why are you interested in the Partners In Policymaking internship?

Describe a specific challenge or concern you have related to advocacy.

Who are the legislators in your district?

Have you ever participated in any kind of community activism? If so, please describe some of the things you've done.

What makes you a good candidate for the internship?

What groups—advocacy, recreational, spiritual, professional, service, etc.—have you belonged to in the past or are currently a member? (note: membership in a group will not be a determining factor)

Describe what leadership means to you.

What's one specific thing you would like to change in your community for people with disabilities, behavioral/mental health disorders, and seniors?

Individuals with disabilities and/or long term care needs complete Sections II, IV, and V. Family member applicants complete Sections III, IV, and V.

Section II.

The following questions are for individuals with a disability:

Describe your current living situation and the supports in your life, both paid and unpaid.

Describe how you participate in your plan of care and manage your supports.

Would you describe yourself as employed, unemployed but looking, under-employed, unemployed and not looking, retired or as a student?

What do you think the single most important issue is for people with long term care needs is today?

Section III.

The following questions are for individuals applying as a family member:

What challenges have you experienced (both positive and negative) in advocating for your loved one?

Do you participate in parent or family groups, whether related to disability issues or not?

Describe your role in the life of your loved one. How would participating in the internship enhance that role?

Section IV.

Access to course materials

Instruction is offered using several different methods. When available, it's offered in person. However, the vast majority of materials are available in an electronic format, either on the Web or through a CD. Please indicate whether or not you have access to and the ability to use the following items:

	Yes	No
Audio conference equipment OR a telephone with speaker capabilities?		
Computer?		
Internet access?		
CD-ROM on your computer?		
E-mail?		
Microphone (internal or external)?		
Do you have access to a laptop you can bring to the 3-day institute?		
Which platform are you most comfortable with:	Windows	Macintosh

Section V.

Internship Commitments

Please indicate your willingness to commit to the following aspects of the internship project:

	Yes	No
Can you commit to participating in a weekly one-hour session, either in person or via audio conference?		
Can you commit to spending approximately 10 hours per week working on activities related to your internship?		

Can you commit to working with other current and former interns through e-mail and other distance delivery options, as long as there is no cost to you?		
Can you commit to communicating with policymakers from your area, in person, in writing, and/or by telephone?		
If funding is available, can you commit to travel as part of your internship to participate in meetings of the Governor’s Council on Disabilities and Special Education, Key Campaign, or other advocacy opportunities offered?		

Please indicate what accommodations you might require for any aspect of your internship:

Additional Comments:

Please return the completed application (mail,fax or email) along with two letters of reference from people not related to you, to:

Kathy Fitzgerald kathyf@alaskachd.org
or Tammy Peria tammyp@alaskachd.org
907-272-8270 or 1-800-243-2199
Fax:907-272-4802

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