

THINK High School Summer Intern Application

Thank you for your interest in the THINK internship program! We are excited to read your responses. Please answer all the questions to your best ability. The application is due _____. Good luck!

* Required

1. Name *

First and last name

2. Email *

3. Phone number *

4. Are you vaccinated with the COVID vaccine? Please provide a picture of your vaccinated card.

Files submitted:

5. Are you willing to take a background check? *

Check all that apply.

Yes

No

6. Are you well-versed in social media *

Check all that apply.

- Yes
- No

7. If you answered YES to the above question, which social media platforms are you skilled at using? *

Check all that apply.

- Instagram
- Snapchat
- TikTok
- Twitter
- Youtube
- Facebook

8. What type of internship position are you interested? *

Check all that apply.

	Direct-patient contact	Indirect-patient contact
1st choice	<input type="checkbox"/>	<input type="checkbox"/>
2nd choice	<input type="checkbox"/>	<input type="checkbox"/>

Skip to question 9

Essay Questions

Each response must be 300 words or less

9. Why do you want to be an intern at THINK? *

10. What makes you a leader? *

11. Describe your personal hero. *

12. What extracurricular activities are you involved in that is your favorite and why? *

13. What experience, special interests, hobbies or talents do you bring to this program? *

14. Please attach your resume. Please label your application "Last Name, First Name." *

Files submitted:

This content is neither created nor endorsed by Google.

Google Forms