



**Student Interest Form
2021 TriHealth Seton Summer Employment Program**

Students interested in participating in the 2021 Summer Employment program, please complete this form and the signed Parent and Student Acknowledgement Form (which is the last page of the Information Program Packet) and return both to Mrs Schmit, by March 22, 2021.

Please read the information packet provided earlier to ensure you understand the program requirements and work expectations.

Student Name: _____

Student Address: _____

Student Cell: _____

Parent(s) or Guardian(s) name(s): _____

Parent(s) or Guardian(s) cell: _____

1. Are you a first time or returning student?
Circle one: First Time Returning

2. If you are a returning student, how many years have you participated in the past?
Circle one: 1 year 2 years 3 years

3. What is your current grade level?
Circle one: Freshmen Sophomore Junior Senior

4. Are you seeking a full time (32 - 40 hrs. a week) or part time (less than 31 hrs. a week) schedule?
Circle one or more:

 Full-Time Part-Time Weekends Only Doesn't matter

5. Do you prefer to work in a clinical (working around patients) or non-clinical (not around patients)? *For examples, see program packet (pg 10-11)
Circle one or more: Clinical Non Clinical Doesn't matter

6. Do you have any specific needs?
(Examples: I carpool with ____, have to work at ____ because ____, etc.)
If so, explain below.
(these will be taken into consideration, but not guaranteed)

7. Explain why you are interested and what are your goals in the 2017 Summer Employment Program?
