

COMMON CHILD LIFE INTERNSHIP APPLICATION

For Internship Session: _____

(Example: Fall 2012)

Personal Information

Last Name First Name (M.I.)

Present Phone

Permanent Phone

Email Address

Present Address

Permanent Address

City State/Province ZIP Code Country

City State/Province ZIP Code Country

Emergency Contact

In case of emergency, notify:

Name Relationship

Address

Home Phone

Work Phone

City

State/Province ZIP Code

Country

Application Category

University-affiliated (internship hours will count toward course credit)

Independent (internship hours will NOT count toward course credit)

[Please note: Some Child Life Internship Programs DO NOT ACCEPT independent interns]

If University-affiliated:

University Supervisor/Advisor Name

Email Address

Phone

University Name

University Department Address

Academic Information

Please list ALL colleges and universities attended:*

1.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

Level:

Bachelor's Master's

Check one of the above

GPA Cum

GPA in Major

2.

College/University Name

City, State/Province

TO

Dates Attended (mm/year)

Graduation Date (mm/year)
(include anticipated as well as official)

Major

Level:

Bachelor's Master's

Check one of the above

GPA Cum

GPA in Major

***NOTE: If additional space is necessary to complete the list of ALL colleges and universities attended, please go to page 7 of this form.**

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Experience with Children in Healthcare Settings

1.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

2.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

3.

Institution			Position Title (e.g., volunteer, practicum student)	
Supervisor's Name and Credentials			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

NOTE: If additional space is necessary to complete this list, please go to page 7 of this form.

Other Child-Related Experiences

(i.e., child care, camps, education/teaching)

1.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities: (approx 100 word limit)				

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Other Child-Related Experiences (continued)

2.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

3.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

4.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO			Total Hours Completed	Supervisor's Phone
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Briefly describe population and responsibilities: (approx 100 word limit)	

NOTE: If additional space is necessary to complete this list, please go to page 7 of this form.

Professional Involvement

Please list the names of any professional organizations you are a member of:

_____	_____
_____	_____

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Child Life Relevant Coursework Information

Please check one of the following:

Official CLC Coursework Review AND Official Transcripts Attached

(Please continue to next section)

Official Transcripts Attached
(Must complete section below)

Course number and title	Institution	Term	Year	Grade
<i>e.g. HDFS 201 Child Development</i>	<i>Johns Hopkins University</i>	<i>Summer</i>	<i>2006</i>	<i>A</i>

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Essay Questions

Please answer the following questions:

How did you first become interested in or aware of child life? (Approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (Approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (Approx. 200 words)

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Application Checklist Review

- Completed and Signed Application Form
- College/University Transcripts (if applicable, include both undergraduate and graduate)
- Reference Letters**
- Resume/Curriculum Vitae
- Attachment of additional application materials as required by each program

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

REMINDER: Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.

Examples of additional requirements that MAY be required include, but are not limited to:

- a completed background check form
- completion of additional essay questions or exercises
- official documentation of volunteer hours
- **specific number and type of reference letters

SUBMITTING YOUR APPLICATION:

Completed applications should be mailed **directly** to the internship programs to which you are applying. **DO NOT MAIL YOUR APPLICATION TO THE CHILD LIFE COUNCIL OFFICE.** Please contact individual programs for their direct mailing information.

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For completion ONLY if additional space is required to complete applicant's listing of Academic Information, Experience with Children in Healthcare Settings, and/or Other Child-Related Experience.

Academic Information (Continued)

Please list remaining colleges and universities attended:

3. _____

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	
<i>Check one of the above</i>	
GPA Cum	GPA in Major

4. _____

College/University Name	City, State/Province
TO	
Dates Attended (mm/year)	Graduation Date (mm/year) (include anticipated as well as official)
Major	
Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	
<i>Check one of the above</i>	
GPA Cum	GPA in Major

Experience with Children in Healthcare Settings (Continued)

4. _____

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	

Briefly describe population and responsibilities:

5. _____

Institution	Position Title (e.g., volunteer, practicum student)
Supervisor's Name and Credentials	Supervisor's Title
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Hours/ Week
# of Weeks	Total Hours Completed
Supervisor's Phone	

Briefly describe population and responsibilities:

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Other Child-Related Experiences (Continued)

5.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities:				

6.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO				
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks	Total Hours Completed	Supervisor's Phone
Briefly describe population and responsibilities:				

If you use Internet email (Gmail, Hotmail, etc.), save this document and email it as an attachment to your Internship Coordinator.