

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

First Name

Last Name

Application Checklist Review

- ☐ Completed and Signed Application Form
- ☐ Official CLC Eligibility Assessment Report Attached
- ☐ 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.

Applications should be postmarked by CLC's Recommended Internship Deadline for the specific internship session in which you are applying. Please note that some sites may follow other guidelines; please contact each program to confirm their individual requirements.

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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 towards 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

(Note: Please list ALL colleges/universities attended. If additional space is necessary, please go to page 7.)

1. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year)

Graduation Date (mm/year)

Major

Level (check one): ☐ Bachelor's ☐ Master's

GPA Cum

GPA in Major

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TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings: _____
(Include hours from any additional experiences on page 8.)

Experience with Infants, Children, Youth, and/or Families in Healthcare Settings (e.g., volunteer, practicum student)

1. _____
Institution _____ Position Title (e.g., volunteer, practicum student) _____

Supervisor's Name and Credentials _____ Supervisor's Title _____ May we contact?
☐ Yes ☐ No

_____ to _____
Dates (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?
☐ Yes ☐ No

_____ to _____
Dates (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?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) _____ Hours/Week _____ # of Weeks _____ Total Hours Completed _____ Supervisor's Phone _____

Briefly describe population and responsibilities: (approx. 100 word limit)

If additional space is necessary to complete the list, please go to page 8 of this form.

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Infants, Children, Youth and/or Families in Stressful Situations: _____

(Include hours from any additional experiences on page 9.)

Experience with Infants, Children, Youth, and/or Families in Stressful Situations

(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

1. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

2. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

3. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

If additional space is necessary to complete the list, please go to page 9 of this form.

Common Child Life Internship Application

For Internship Session: _____

(Example: Fall 2015)

TOTAL HOURS with Well Infants, Children, Youth and/or Families: _____

(Include hours from any additional experiences on page 10.)

Experience with Well Infants, Children, Youth, and/or Families

(e.g., nanny, counselor, teacher)

1. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

2. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

3. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

If additional space is necessary to complete the list, please go to page 10 of this form.

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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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Professional Involvement

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

The following sections are for completion ONLY if additional space is required for the applicant's listing of academic information and/or experiences with children and/or families.

Academic Information, continued

(Note: Please list ALL colleges/universities attended.)

2. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ☐ Bachelor's ☐ Master's
GPA Cum GPA in Major

3. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ☐ Bachelor's ☐ Master's
GPA Cum GPA in Major

4. _____
College/University Name City, State/Province

_____ to _____
Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ☐ Bachelor's ☐ Master's
GPA Cum GPA in Major

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Experience with Infants, Children, Youth, and/or Families in Healthcare Settings, continued

4. _____
Institution Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

5. _____
Institution Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

6. _____
Institution Position Title (e.g., volunteer, practicum student)

Supervisor's Name and Credentials Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (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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Experience with Infants, Children, Youth, and/or Families in Stressful Situations, continued

(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)

4. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

5. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

6. _____
Organization/Employer Position Title (e.g., volunteer, practicum student)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (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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Experience with Well Infants, Children, Youth, and/or Families, continued

4. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

5. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)

6. _____
Organization/Employer Position Title (e.g., nanny, counselor, teacher)

Supervisor's Name Supervisor's Title May we contact?
☐ Yes ☐ No

_____ to _____
Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx. 100 word limit)