



CHILD LIFE PRACTICUM APPLICATION

Please print entire application in blue or black ink.

First Name _____ Middle Name _____ Last name _____

Date of Application _____

Applying for (circle one): Spring Practicum Summer Practicum Fall Practicum

Current Address _____

Phone _____

Email _____

Permanent Address _____ Phone _____

Person to Contact in Emergency _____ Phone _____

Education

High School _____ City _____ State _____

College/University _____

Major: _____ GPA: _____

Minor: _____ Graduation Date: _____

Academic Advisor _____ Phone _____

Address _____

Experience

List all previous experience with children. (Hospital volunteer experience is strongly preferred.)

Site	Age of Children	Responsibilities	Date

Additional experiences that are non-child related:

List your strengths, special skills and talents:

What experiences have you had with hospitals or health care centers? How has this affected your attitude towards them?

How did you become interested in the field of Child Life?

Describe a group experience you have had. How did you work as a team member?

With what age group or medical population would you prefer to interact? Why?

What do you hope to gain from this experience?

List professional organizations to which you belong.

Write your philosophy of working with children and families in health care. Please use 30 words or less.

Signature

Date