

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER CHILD LIFE INTERNSHIP APPLICATION

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

Application is for Internship Session (Semester and Year): _____

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: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	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: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <i>Check one of the above</i>	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 6 of this form.**

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER CHILD LIFE INTERNSHIP APPLICATION

Experience with Children in Healthcare Settings

1.

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)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

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
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

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
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# 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 6 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
TO	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates (mm/year to mm/year)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

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

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER CHILD LIFE INTERNSHIP APPLICATION

Other Child-Related Experiences (continued)

2.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			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: (approx 100 word limit)				

3.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			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: (approx 100 word limit)				

4.

Organization/Employer			Position Title (e.g., nanny, teen counselor, teacher)	
Supervisor's Name			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: (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:

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER
CHILD LIFE INTERNSHIP APPLICATION

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)

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER
CHILD LIFE INTERNSHIP APPLICATION

APPLICATION CHECKLIST REVIEW

- COMPLETED AND SIGNED INTERNSHIP APPLICATION**
- FORMAL LETTER OF INTEREST**
- PROFESSIONAL RESUME**
- VERIFICATION OF VOLUNTEER HOURS**
- OFFICIAL COPY OF UNIVERSITY TRANSCRIPT**
- OFFICIAL CHILD LIFE COUNCIL COURSEWORK REVIEW**
- TWO SEALED LETTERS OF RECOMMENDATION**

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

Signature: _____ Date: _____

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

Jennifer Guilliams, CCLS
Senior Child Life Specialist and Internship Coordinator
Children's Hospital @ Memorial University Medical Center
Pediatrics
4700 Water's Avenue
Savannah, GA 31403

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER CHILD LIFE INTERNSHIP APPLICATION

Pages 6 and 7 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)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

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)	Total Hours Completed
Hours/ Week	Supervisor's Phone
# of Weeks	

Briefly describe population and responsibilities:

CHILDREN'S HOSPITAL AT MEMORIAL UNIVERSITY MEDICAL CENTER CHILD LIFE INTERNSHIP APPLICATION

Other Child-Related Experiences (Continued)

5.

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

Briefly describe population and responsibilities:

6.

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

Briefly describe population and responsibilities: