

CHILD LIFE PRACTICUM PROGRAM

Practicum Application



****Please note: All students must be affiliated with a university during their practicum.****

Name _____ Date _____

Current Address _____ Phone _____

Permanent Address _____ Phone _____

Business Phone _____ Social Security # _____

Person to Contact in Emergency _____ Phone # _____

Education

High School _____ City _____ State _____

College/University _____

Major: _____ Minor: _____

G.P.A.: _____ Graduation Date: _____

Academic Advisor _____

Address _____ Phone _____

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