



# UnityPoint Health Methodist CHILD LIFE PRACTICUM APPLICATION

(PLEASE TYPE)

Please Note: All students MUST be affiliated with a university or college during their practicum

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(First) (MI) (Last)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EDUCATION *Minimum GPA of 3.0 required for consideration*

University/College \_\_\_\_\_ Dates (MM/YY) from \_\_\_\_\_ to \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

Minor \_\_\_\_\_ GPA \_\_\_\_\_

University/College \_\_\_\_\_ Dates (MM/YY) from \_\_\_\_\_ to \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

Minor \_\_\_\_\_ GPA \_\_\_\_\_

## APPLICABLE COURSE WORK

Please list relevant courses in Child Development, Child Life, Art Therapy, Expressive Therapies, Loss and Bereavement, Family Theory, or other Related Medical Courses. Please note if course is completed or in progress.

Course Title	Semester/Year Completed	Grade Earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*A copy of your unofficial transcripts is required*

**EXPERIENCE WITH HOSPITALIZED CHILDREN, ADOLESCENTS AND FAMILIES**

**Hospital Volunteer Experience** *60 hours required for consideration*

1. Did you work with a pediatric population?      Yes // No  
Were you supervised by a Child Life Specialist?    Yes // No  
    Other professional \_\_\_\_\_  
Name of institution \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Dates (MM/YY) From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Total hours \_\_\_\_\_  
Briefly describe site and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Volunteer Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

2. Did you work with a pediatric population?      Yes // No  
Were you supervised by a Child Life Specialist?    Yes // No  
    Other professional \_\_\_\_\_  
Name of institution \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
Dates (MM/YY) From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Total hours \_\_\_\_\_  
Briefly describe site and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Volunteer Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

*Please include a letter from your supervisor(s) including a brief description of your experiences and hours completed.*

**EXPERIENCE WITH WELL CHILDREN, ADOLESCENTS AND FAMILIES**

1. Name of Agency \_\_\_\_\_  
Experience related to (circle one): Work // School // Volunteering  
Address \_\_\_\_\_ Position/Title \_\_\_\_\_  
Dates (MM/YY) From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Total hours \_\_\_\_\_  
Briefly describe site and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

2. Name of Agency \_\_\_\_\_  
Experience related to (circle one): Work // School // Volunteering  
Address \_\_\_\_\_ Position/Title \_\_\_\_\_  
Dates (MM/YY) From \_\_\_\_\_ To \_\_\_\_\_ Hours per week \_\_\_\_\_ Total hours \_\_\_\_\_  
Briefly describe site and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

**REFERENCES**

Please provide two letters of reference in signed and sealed envelopes. One letter should be from a professor and one from a professional who has supervised you. References can include professionals mentioned on this application.

**Write your philosophy of working with children and families in healthcare. Please use 50 words or less.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL QUESTIONS

*Please answer the following questions completely on another sheet of paper. 250 words or less for each question*

- How did you become interested in the field of Child Life?
- What have you done to further your knowledge of the Child Life profession?
- With what age group or medical population would you prefer to interact with? Why?
- What do you hope to gain from this experience?
- What sets you apart from other candidates?

In order for your application to be considered, the following must be included:

- \_\_\_\_\_ Application and additional questions
- \_\_\_\_\_ A current resume
- \_\_\_\_\_ A copy of your unofficial transcript(s)
- \_\_\_\_\_ Letter from your supervisor(s) from your hospital volunteer experience verifying 60 volunteer hours and volunteer duties
- \_\_\_\_\_ Two letters of reference in sealed, signed envelopes
- \_\_\_\_\_ Postmarked by June 15<sup>th</sup>, 2019

I confirm that the information provided in this application is true to the best of my knowledge. I further understand that any false statement on this application shall be sufficient cause for rejection for the practicum or immediate discharge when discovered.

I hereby authorize my former supervisors and references to release information regarding my past experience to assist this committee in determining my suitability for practicum placement.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## SEND COMPLETED APPLICATION TO:

Child Life Services  
UnityPoint Health-Methodist  
221 NE Glen Oak  
Peoria, IL 61603

## REFER ANY QUESTIONS TO:

[childlife@unitypoint.org](mailto:childlife@unitypoint.org)  
1.309.671.2145