



## Child Life Practicum Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact Name and Phone #: \_\_\_\_\_

College/University: \_\_\_\_\_

Degree Sought/Major: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Date of Expected Graduation: \_\_\_\_\_

Well Child Volunteer Hour Total: \_\_\_\_\_ Sick Child Volunteer Hour Total: \_\_\_\_\_

Practicum Session (please check **ONE**): Summer \_\_\_\_\_ Winter/Spring \_\_\_\_\_

**\*Applications and their information will not be kept on file, you must resubmit for each practicum session.**

The practicum will consist of 2 days – 6 hours each, each week and specific days will depend on rotations available. What is your availability?

What other commitments will you have during your practicum?

Enclosed is a complete practicum application packet:

- Application
- Current Resume
- Two Letters of Recommendation (at least one must have directly observed your work with children in any setting)
- Official or unofficial college or university transcript(s)
- Separate list of child life relevant courses and grades
- Verification of volunteer hours
- Four personal and/or professional goals

**I understand it is the sole responsibility of the applicant to confirm receipt of the application packet. I understand if my application packet is incomplete, I will not be considered for the practicum program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_