



APPLICATION FOR CHILD LIFE INTERNSHIP

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone Day: (____) _____ Email: _____

Have you completed: *Child Life: Theory & Practice* Yes No

Did you received a "C" or better in the *Child Life: Theory and Practice course*? Yes No

State your future job objective (include preferred geographic location):

What are your specific reasons for pursuing an internship?

List your strongest skills (include knowledge of specific hardware or software computer skills):

List your last three jobs:

<u>Business Name</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your Educational experiences (include degrees, trainings, professional development, etc.):

Will you be Certified Eligible (per requirements of the Child Life Council) once your 480+ internship hours are complete? Yes No
If no, what requirements do you have remaining?

