



Golisano Children's Hospital  
at University Hospital  
Child Life Internship Application

Date \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Home Address \_\_\_\_\_

School Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Degree sought \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Requested Internship Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

List membership in child/child health care related organizations:

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Do you anticipate any other commitments during your internship?  
(classes, work, independent study). \_\_\_\_\_

Please answer the following questions. You may attach a separate piece of paper if needed.

1. How did you learn about the Child Life profession?
  
2. Describe your reasons for wanting to work with hospitalized children.
  
  
  
  
  
  
  
  
  
  
3. With what age group or medical population do you prefer to interact and why?
  
  
  
  
  
  
  
  
  
  
4. What are some of the needs of parents, siblings, and other family members when a child is hospitalized?
  
  
  
  
  
  
  
  
  
  
5. What qualities and skills do you have that will help you in your Child Life Internship and later as a Child Life Specialist?
  
  
  
  
  
  
  
  
  
  
6. What do you believe are the five most important parts of a Child Life Specialist's role?
  
  
  
  
  
  
  
  
  
  
7. What do you hope to learn from your Child Life Internship? (Goals)
  
  
  
  
  
  
  
  
  
  
8. List previous experiences with children; include all Child Life Practicum experiences.
  
  
  
  
  
  
  
  
  
  
9. Would you require housing during your internship?