

Child Life Practicum Application

Name:		Phone:	E-Mail:	
Address:		City:	State:	Zip:
University/College:		City:	State:	Zip:
Major:	Advisor/Professor:	Phone:	Last year of college completed:	
Check the semester you plan to complete a practicum:				
Spring		Summer		Fall
Have you ever completed volunteer work or had a previous practicum? If yes, please describe:				
List skills or interests you have that would be of value during your practicum:				
Have you ever been convicted or adjudicated guilty for an offense other than a minor traffic violation?				
Yes, if so please explain:				
No				

REFERENCES: (give name, address and phone number for at least two references)

Name:	Phone:	Relationship:	
Address:	City:	State:	Zip:

Name:	Phone:	Relationship:	
Address:	City:	State:	Zip:

EMERGENCY CONTACT: (give name, address and phone number)

Name:	Phone:	Relationship:	
Address:	City:	State:	Zip:
Family Physician:		Phone:	

ESSAY:

Please include a typed document that explains your understanding/interpretation of the philosophy of the Child Life profession (500 words).

Signature:

Date: