The John Hancock Child Life and Wellness Program
55 Fruit Street | Ellison 18 | Boston, MA 02114
childlifeinternship@partners.org

CHILD LIFE INTERNSHIP APPLICATION

Checklist:

O Completed application form (We do not accept the ACLP Common Application)
O Cover letter
O Resume
O Undergraduate and graduate transcripts (Official transcripts may be requested later in the process)
O Three reference letters, each with a completed CL Common recommendation form (two of which are required to come from someone who has observed you working with children)

Please scan your completed application into a single document and then email your submission to childlifeinternship@partners.org.

* Please note all required forms must accompany your application materials for it to be reviewed. *

* Acceptance to this internship program is also contingent upon the establishment of a contract between MassGeneral Hospital for Children and the student's academic institution. *
Application for The John Hancock Child Life and Wellness Program Internship

PERSONAL INFORMATION

Name: ____________________________________________
DOB: __________________________ Social Security: ____________________________
Contact Number: __________________________________________
Mailing Address: __________________________________________
City | State | Zip: __________________________________________
Email: __________________________________________
Emergency Contact: __________________________________________
Relationship: __________________________ Phone Number: __________________________

INTERNSHIP REQUIREMENTS

Total number of hours needed for internship credit: __________________________

Please indicate your expected availability below:

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What other commitments do you anticipate during your internship? __________________________

CURRENT ACADEMIC INFORMATION

*Candidates must be actively enrolled in an academic child life program for duration of the internship.

Academic Institution: __________________________________________
Major: __________________________________________ Degree: __________________________________________
Anticipated Year of Graduation: __________________________
Name of Field Placement Coordinator: __________________________
Contact Information: __________________________________________
**CHILD LIFE RELATED EXPERIENCES**

Please indicate in the section below all practicum, internships and/or volunteer experience(s) you have had under the supervision of a certified child life specialist.

Institution: ____________________________________________________________

Position held: __________________________________________________________

Start & Completion Dates: ____________________________ Number of hours completed: ___________

Name of Supervisor & Title: ______________________________________________

Supervisor Contact Info: _________________________________________________

Please list your responsibilities during this experience:

Institution: ____________________________________________________________

Position held: __________________________________________________________

Start & Completion Dates: ____________________________ Number of hours completed: ___________

Name of Supervisor & Title: ______________________________________________

Supervisor Contact Info: _________________________________________________

Please list your responsibilities during this experience:

Institution: ____________________________________________________________

Position held: __________________________________________________________

Start & Completion Dates: ____________________________ Number of hours completed: ___________

Name of Supervisor & Title: ______________________________________________

Supervisor Contact Info: _________________________________________________

Please list your responsibilities during this experience:
Please answer the following questions:

1. How did you first become aware of the field of child life and what have you done to increase your knowledge and awareness of this profession?
2. Please draw upon a specific experience as a volunteer or practicum student to describe a way in which the work of a child life specialist contributes to the health care experience of a child and his/her family.
3. Provide a specific example of a time that you used play to meet the developmental needs of a child.
4. What skills would you like to develop during your internship and are there any specific experiences you hope to have?
5. Please share any additional information or experiences you would like us to consider.