1)

2)

3)

Applicants Name Program(s) you are applying for

(In order of preference)

**Application Checklist Review**

* Completed and Signed Application Form
* Official CLC Eligibility Document – Proof of completing require course work
* 2 Professional Reference Letters – school, work or volunteer
* 1 Personal Reference Letter
* Resume/Curriculum Vitae
* Essay Questions
* Official Documentation of Volunteer Hours

**I attest that the information in this application is true and accurate to the best of my knowledge.**

**Signature: Date:**

***SUBMITTING YOUR APPLICATION:***

Completed applications should be emailed **directly** to the [morelandccls@gmail.com](mailto:morelandccls@gmail.com)

DO NOT MAIL YOUR APPLICATION TO THE CHILD LIFE COUNCIL OFFICE.



**Personal Information**

Last Name First Name (M.I.)

Present Phone Permanent Phone Email Address

Present Address Permanent Address

City State/Province ZIP Code Country City State/Province ZIP Code Country

**Emergency Contact**

In case of emergency, notify:

Name Relationship Address

Home Phone Work Phone City State/Province ZIP Code Country

University Name University Department Address

**Language**

**(Note: Please list ALL the languages you speak and your degree of skill)**

### 

Primary Language/First Language

Other Languages you speak:

1. ❑Learning ❑Basic ❑Fluent

2. ❑Learning ❑Basic ❑Fluent

3. ❑Learning ❑Basic ❑Fluent

**TOTAL HOURS with Infants, Children, Youth and/or Families in Healthcare Settings:**

**(Include hours from any additional experiences on page 8.)**

**Experience with Infants, Children, Youth, and/or Families in Healthcare Settings**

**(e.g., volunteer, practicum student)**

Institution Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

### 



Institution Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



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Institution Position Title (e.g., volunteer, practicum student)

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Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

**Experience with Infants, Children, Youth, and/or Families in Stressful Situations**

**(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)**

Organization/Employer

Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

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Organization/Employer Position Title (e.g., volunteer, practicum student)

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Supervisor’s Name Supervisor’s Title ❑Yes ❑No

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Organization/Employer Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

**TOTAL HOURS with Well Infants, Children, Youth and/or Families:**

**(Include hours from any additional experiences on page 10.)**

**Experience with Well Infants, Children, Youth, and/or Families**

**(e.g., nanny, counselor, teacher)**

Organization/Employer

Position Title (e.g., nanny, counselor, teacher)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



Organization/Employer Position Title (e.g., nanny, counselor, teacher)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



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Organization/Employer Position Title (e.g., nanny, counselor, teacher)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

**Essay Questions**

**Please answer the following questions:**

Why are you interested in an international Child Life practicum/volunteer experience?

Have you ever been out of your home country before? If yes, briefly explain this experience(s)

(approx. 200 words)

### What have you done to increase your knowledge/awareness of this profession? (approx. 200 words)

Briefly describe the ways in which the work of a child life specialist contributes to the health care experience of a child and his/her family. (approx. 200 words)

Provide a specific example of a time that you used play to meet the developmental needs of a child. (approx. 200 words)

Please list the names of any professional organizations you are a member of:



**The following sections are for completion ONLY if additional space is required for the applicant’s listing of academic information and/or experiences with children and/or families.**

**Academic Information, continued**

**(Note: Please list ALL colleges/universities attended.)**

2.

College/University Name City, State/Province

to

Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ❑Bachelor’s ❑Master’s

GPA Cum GPA in Major



3.

College/University Name City, State/Province

to

Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ❑Bachelor’s ❑Master’s

GPA Cum GPA in Major



### 4.

College/University Name City, State/Province

to

Dates Attended (mm/year) Graduation Date (mm/year) Major

Level (check one): ❑Bachelor’s ❑Master’s

GPA Cum GPA in Major



**Experience with Infants, Children, Youth, and/or Families in Healthcare Settings, continued**

### 

Institution Position Title (e.g., volunteer, practicum student)

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Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

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Institution Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

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Institution Position Title (e.g., volunteer, practicum student)

May we contact?

Supervisor’s Name and Credentials Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



**Experience with Infants, Children, Youth, and/or Families in Stressful Situations, continued**

**(e.g., camps for children with chronic illnesses, programs for children with special needs, advocacy programs, bereavement/hospice experiences)**

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Organization/Employer Position Title (e.g., volunteer, practicum student)

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Supervisor’s Name Supervisor’s Title ❑Yes ❑No

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Organization/Employer Position Title (e.g., volunteer, practicum student)

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**Experience with Well Infants, Children, Youth, and/or Families, continued**

### 

Organization/Employer Position Title (e.g., nanny, counselor, teacher)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



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Organization/Employer Position Title (e.g., nanny, counselor, teacher)

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Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)



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Organization/Employer Position Title (e.g., nanny, counselor, teacher)

May we contact?

Supervisor’s Name Supervisor’s Title ❑Yes ❑No

to

Dates (mm/year) Hours/Week # of Weeks Total Hours Completed Supervisor’s Phone Briefly describe population and responsibilities: (approx. 100 word limit)

