



**Child Life Department**  
**505 Parnassus, L181 Box 0210 San Francisco, CA 94143**  
**Phone: (415) 353-1203 Fax: (415) 353-9343**

**APPLICATION FOR INTERNSHIP**

Please print. All applicants must complete sections that are applicable:

**I. PERSONAL INFORMATION**

\_\_\_\_\_  
NAME (LAST) (FIRST) (MIDDLE)

\_\_\_\_\_  
MAILING ADDRESS (STREET/PO BOX) (PRIMARY PHONE NUMBER)

\_\_\_\_\_  
(CITY) (STATE/ZIP) (ALTERNATE PHONE NUMBER)

\_\_\_\_\_  
(E-MAIL)

Semester you are applying for: Summer / Fall / Spring Year\_\_\_\_\_

What university are you attending? \_\_\_\_\_

Degree level and title: \_\_\_\_\_

Will you be actively enrolled as a student during the semester of your internship? Yes / No

Past Child Life Internship Location and Supervisor: \_\_\_\_\_

Past Child Life Practicum Location and Supervisor: \_\_\_\_\_

Do you prefer information to be sent: email / fax / mail other \_\_\_\_\_

Do you need certain amount of hours toward child life certification? Yes / No

How many? \_\_\_\_\_ (Please note that we cannot provide certifiable hours for recreational therapy)



## INTERNSHIP APPLICATION

### II. APPLICATION QUESTIONS (Please type your answers)

1. Why and how did you become interested in pursuing a career in the field of child life?
2. Tell us about your interest in UCSF Benioff Children's Hospital, and why this internship program would be a good match for you.
3. Do you have any specific goals or personal interest areas as it pertains to Child Life?
4. Describe your most challenging moment in working with a hospitalized child.
5. Do you intend to practice as a certified child life specialist following your studies/ internships?

**Please include theoretical / academic concepts as you reply to the following questions:**

6. What are the main components of a child life specialist role (i.e. play)?
7. Name two things you could do in these situations in your role as an intern to:
  - i. Help a toddler in the playroom who is having difficulty separating from his caregiver.
  - ii. Build rapport with shy 8 year old in the playroom or at bedside.
  - iii. Address a teen's concern about body image secondary to open heart surgery.



**INTERNSHIP APPLICATION**

**III. SPECIAL SKILLS AND QUALIFICATIONS**

Please list any special skills or language skills. \_\_\_\_\_  
 \_\_\_\_\_

**IV. REFERENCES**

1. \_\_\_\_\_  
 NAME ADDRESS TELEPHONE NUMBER

2. \_\_\_\_\_  
 NAME ADDRESS TELEPHONE NUMBER

In addition to this completed application please include:

- Your resume
- A letter of interest
- Two letters of recommendation (1 clinical, 1 academic)
- Transcript(s) copy or original. (Please include undergraduate and graduate as applicable.)
- A copy of course work review by the child life council
- Documentation of child life volunteer hours from supervisor

Applications due: Spring Semester: September 5  
 Summer Semester: January 5  
 Fall Semester: May 5

Offers made: Spring: October 22  
 (Unless otherwise stated) Summer: February 22  
 Fall: June 22

**THANK YOU FOR YOUR INTEREST IN A CHILD LIFE INTERNSHIP AT UCSF BENIOFF CHILDREN'S HOSPITAL**