

Child Life Practicum Application

Application for Session: Summer

Application deadline is January 27th

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Current Phone:	Permanent Phone:	
Email Address:		
Current Address:	City/state/zip:	
Permanent Address:	City/state/zip:	

EMERGENCY CONTACT

In case of emergency contact:		
Name:	Relationship:	
Address:		
Home Phone:	Cell Phone:	Work Phone:

APPLICATION CATEGORY

<input type="checkbox"/> <u>UNIVERSITY AFFILIATED</u> (Will be a matriculated student during practicum and hours will count toward university credit) Name of College/University:	<input type="checkbox"/> <u>INDEPENDENT</u> (Student will not be enrolled in a university at the time of the practicum, or hours will not count toward university credit.)
---	--

ACADEMIC INFORMATION

Please list all colleges and universities attended, ***beginning with the most recent.***

1. College/University Name:

City/State:

Dates attended: From:
To:

Graduation (or anticipated):

Degree earned:

Major:

2. College/University Name:

City/State:

Dates Attended: From:
To:

Graduation (or anticipated):

Degree earned:

Major:

3. College/University Name:

City/State:

Dates Attended: From:
To:

Graduation (or anticipated):

Degree earned:

Major:

4. College/University Name:

City/State:

Dates Attended: From:
To:

Graduation (or anticipated):

Degree earned:

Major:

Please attach additional pages if necessary.

Experience Working or Volunteering with Children

Institution:	Position Title:	
Supervisor Name:	Supervisor's Title:	
Supervisor's Phone:	May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:

In 3-4 sentences describe population and responsibilities:

Institution:	Position Title:	
Supervisor Name:	Supervisor's Title:	
Supervisor's Phone:	May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:

In 3-4 sentences describe population and responsibilities:

Institution:	Position Title:	
Supervisor Name:	Supervisor's Title:	
Supervisor's Phone:	May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:

In 3-4 sentences describe population and responsibilities:

Institution:		Position Title: Click here to enter text.	
Supervisor Name:		Supervisor's Title: Click here to enter text.	
Supervisor's Phone:		May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:		Hours/Week:	Total Hours Completed:
In 3-4 sentences describe population and responsibilities:			

Institution:		Position Title:	
Supervisor Name:		Supervisor's Title:	
Supervisor's Phone:		May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:		Hours/Week:	Total Hours Completed:
In 3-4 sentences describe population and responsibilities:			

Institution:		Position Title:	
Supervisor Name:		Supervisor's Title:	
Supervisor's Phone:		May We Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Worked: From: To:		Hours/Week:	Total Hours Completed:
In 3-4 sentences describe population and responsibilities:			

Please attach additional pages if necessary

Essay Questions

Please answer the following questions. (*approx. 200 words each*)

1. What strengths will you contribute to the UC Davis Child Life program as well as the patients and families we serve?
2. Please provide an example of a creative activity or program that you planned and facilitated with a child or a group of children - what was the goal of the activity and how did it benefit the children?
3. Share an example of a time when you engaged with and supported a child or family from a diverse background? How might this experience affect your approach to working with children and families in the future?
4. What are you hoping to gain from a child life practicum?

Minimum Qualifications for Practicum Student Candidates

The UC Davis Child Life Program will consider applicants for a practicum who meet the following criteria:

- ☐ Submit a completed, typed application on time, with all required supplemental materials
- ☐ Have completed a minimum of 100 hours experience working with well/typically developing children in group or individual settings
- ☐ Can commit to a 108-hour practicum – schedule may vary
- ☐ Have completed at least one class in typical child development with a passing grade

Recommended:

- ☐ An educational background in child life, child development or human development, family systems, or education
- ☐ Have 50 hours experience in a pediatric healthcare setting (preferably under CCLS supervision)

Availability

If you were to be selected for a practicum experience, we are interested in learning about your availability. Depending on the units assigned there will be a variety of options for creating the practicum student's schedule. Please note your schedule interest/availability below. If you are selected for the practicum experience, we will try to do our best to accommodate your needs. Please note weekends and evening placements are rare.

***Please Note: The Summer Child Life Practicum will be:**

Part-Time: 6 weeks, 6-hour shifts, varying 3 days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please provide any additional pertinent information below regarding your schedule or any conflicts for the upcoming **Summer**.

Submitting Your Application

- ☐ Application Packets should include the following materials:
 - Completed application (typed and signed)
 - Unofficial transcripts from all universities or colleges attended
- ☐ Please double check your application and all supplemental materials for completeness, accuracy, and professionalism.
- ☐ Please carefully read the minimum qualifications for practicum student candidates to ensure that your application meets eligibility criteria.
- ☐ Completed application packets should be emailed directly to the following address:
childlifepracticumstudents@health.ucdavis.edu
- ☐ All materials should be emailed together; separate materials or incomplete application packets will not be considered.
- ☐ Applications must be emailed by due date. Applications emailed after the deadline will not be able to be considered.

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

Signature: _____ Date: _____

For any questions, please contact the UC Davis child life department at
childlifepracticumstudents@health.ucdavis.edu