

**WakeMed Child Life Internship Application Form**

Anticipated semester placement: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of College/University of which you are currently affiliated: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: (\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (name/relation): \_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_

*Please answer the following questions:*

1. Describe your learning style. How do you approach new experiences?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Share your opinion on both the rewarding and challenging aspects of working with hospitalized children and their families.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why would you like to complete your Internship at WakeMed? How did you learn about our Child Life Student Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you even been dismissed or forced to resign from any job held? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

Have you even been convicted of a misdemeanor or felony? (Please include major traffic violations)  
Note: A conviction does not necessarily bar you from internship. Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

May we contact your present and past employers for reference? Yes \_\_\_ No \_\_\_

*Please complete the rest of the application requirements below to include with this application form. Ensure all boxes are marked complete prior to submitting your application:*

- Completed ACLP Internship Readiness Common Application (including the required unofficial transcripts and ACLP Eligibility Assessment)
- Current resume
- A copy of the academic requirements for internship placement set forth by your university's child life department and/or the university supervisor
- Two letters of recommendation emailed directly to [clstudent@wakemed.org](mailto:clstudent@wakemed.org) (have sender include applicant's first and last name in subject line); at least one recommendation from someone who has directly observed your interactions with children is required

**All application materials required must be completed and emailed by the appropriate deadline date in order to be considered for internship placement.** Please refer to the internship application deadlines set forth by the Association of Child Life Professionals as we adhere to those dates.

Email completed application and materials to the Child Life Student Coordinator at [clstudent@wakemed.org](mailto:clstudent@wakemed.org)

WakeMed Health & Hospitals 3000 New Bern Avenue Raleigh, NC

*For Child Life Student Coordinator use only:*

- Acknowledgment sent
- Interview: Yes / No; Site \_\_\_ Phone \_\_\_
- Acceptance/Decline sent
- Acceptance confirmed
- Welcome packet sent
- Health form received
- Contract completed