

# **Child Life Practicum Application**

### **Application for Session: Summer 2023**

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

### Application Email Deadline\*

### For Summer 2023: January 27, 2023

(Typically, 2 placements available for each cycle)

\*In the event that the above deadline falls on a holiday, the application should be postmarked no later than the following business day.

## ACADEMIC INFORMATION

| Please list all colleges and universities attended, begin | ning with the most recent.   |
|---|------------------------------|
|   |                              |
| 1. College/University Name:                               |                              |
| City/State:   |                              |
| Dates attended: From:                                     | Graduation (or anticipated): |
| То:   | Graduation (or anticipated). |
| Degree earned:  | Major:                       |
| GPA (cumulative):   | GPA (in major):              |
|   |                              |
| 2. College/University Name:                               |                              |
| City/State:   |                              |
| Dates attended: From:                                     | Graduation (or anticipated): |
| То:   | Graduation (or anticipated). |
| Degree earned:  | Major:                       |
| GPA (cumulative):   | GPA (in major):              |
|   |                              |
| 3. College/University Name:                               |                              |
| City/State:   |                              |
| Dates attended: From:                                     | Graduation (or anticipated): |
| То:   | Graduation (or anticipated). |
| Degree earned:  | Major:                       |
| GPA (cumulative):   | GPA (in major):              |
|   |                              |
| 4. College/University Name:                               |                              |
| City/State:   |                              |
| Dates attended: From:                                     | Graduation (or anticipated): |
| То:   | Graddation (or anticipated). |
| Degree earned:  | Major:                       |
| GPA (cumulative):   | GPA (in major):              |
|   |                              |

Please attach additional pages if necessary.

| Experience Working or Volunteering with Children      |                          |                        |  |
|---|--------------------------|------------------------|--|
|   |                          |                        |  |
| 1. Institution:                                       | Position Title:          |                        |  |
| Supervisor Name:                                      | Supervisor's Title:      |                        |  |
| Supervisor's Phone:                                   | May We Contact Supervise | or? Yes No             |  |
| Dates Worked: From:<br>To:                            | Hours/Week:              | Total Hours Completed: |  |
| Briefly describe population and responsibilities: (ap | prox. 100 words)         |                        |  |

| 2. Institution:   | Position Title:                   |                        |  |  |
|---|-----------------------------------|------------------------|--|--|
| Supervisor Name:  | Supervisor's Title:               |                        |  |  |
| Supervisor's Phone:   | May We Contact Supervisor? Yes No |                        |  |  |
| Dates Worked: From:<br>To:  | Hours/Week:                       | Total Hours Completed: |  |  |
| Briefly describe population and responsibilities: (approx. 100 words) |                                   |                        |  |  |
| 3. Institution:   | Position Title:                   |                        |  |  |
| Supervisor Name:  | Supervisor's Title:               |                        |  |  |
| Supervisor's Phone:   | May We Contact Supervise          | or? Yes No             |  |  |

| •   | / / /       |                        |  |
|---|-------------|------------------------|--|
| Dates Worked: From:   | Hours/Week: | Total Hours Completed: |  |
| То:   |             |                        |  |
| Briefly describe population and responsibilities: (approx. 100 words) |             |                        |  |
|   |             |                        |  |

| 4. Institution:   | Position Title:                    |  |  |
|---|------------------------------------|--|--|
| Supervisor Name:  | Supervisor's Title:                |  |  |
| Supervisor's Phone:   | May We Contact Supervisor? Yes No  |  |  |
| Dates Worked: From:   | Hours/Week: Total Hours Completed: |  |  |
| То:   |                                    |  |  |
| Briefly describe population and responsibilities: (approx. 100 words) |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |

| Experience Working or Volunteering with Children (cont.)              |                                   |                        |  |  |
|---|-----------------------------------|------------------------|--|--|
|   |                                   |                        |  |  |
| 5. Institution:   | Position Title:                   |                        |  |  |
| Supervisor Name:  | Supervisor's Title:               |                        |  |  |
| Supervisor's Phone:   | May We Contact Supervisor? Yes No |                        |  |  |
| Dates Worked: From:<br>To:  | Hours/Week:                       | Total Hours Completed: |  |  |
| Briefly describe population and responsibilities: (approx. 100 words) |                                   |                        |  |  |
| 6. Institution:   | Position Title:                   |                        |  |  |
| Supervisor Name:  | Supervisor's Title:               |                        |  |  |
| Supervisor's Phone:   | May We Contact Supervis           | or? Yes No             |  |  |
| Dates Worked: From:<br>To:  | Hours/Week:                       | Total Hours Completed: |  |  |
| Briefly describe population and responsibilities: (ap                 | oprox. 100 words)                 |                        |  |  |

Please attach additional pages if necessary

### **Essay Questions**

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

- 1. How did you first become interested in the field of child life?
- 2. What strengths do you feel you will bring to the UC Davis Child Life program and the patients and families we serve. As well, what are you hoping to gain from a child life practicum?

3. 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?

### **Minimum Qualifications for Practicum Student Candidates**

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

Have completed a minimum of one class in typical child development with a passing grade

Have volunteer experience in a pediatric healthcare setting

Have experience working with well/typically developing children (paid or volunteer) in group or individual settings

Can commit to a 120-hour practicum – schedule may vary

Submit a completed, typed application on time, with all required supplemental materials

#### **Recommended:**

An educational background in child life, child development or human development, family systems, or education

### 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: The Summer 2023 Child Life Practicum will be:

• Part-Time Practicum: 8-10 weeks, 4-6-hour shifts, varying days of the week

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |
|        |         |           |          |        |
|        |         |           |          |        |

• Please provide any additional pertinent information regarding your schedule or any conflicts for <u>Summer 2023</u>.

Application Packets should include the following materials:

Completed application (typed and signed)

Unofficial transcripts from all universities

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: <u>childlifestudents@ucdavis.edu</u>

All materials should be emailed together, and 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 childlifestudents@ucdavis.edu