

Child Life Practicum Application

Application for Session: Summer 2025

Application deadline is January 27, 2025

PERSONAL INFORMATION					
Last Name:	First Name:		MI:		
Current Phone:		Permanent Phone:			
Email Address:					
Current Address:		City/state/zip:			
Permanent Address: Ci		City/state/zip:	City/state/zip:		
EMERGENCY CONTACT					
In case of emergency contact:					
Name:		Relationship:			
Address:					
Home Phone:	Cell Phone:		Work Phone:		
APPLICATION CATEGORY					
☐ UNIVERSITY AFFILIATED (Will be a matriculated student during hours will count toward university cree Name of College/University: Click here to enter text.		,	ENT e enrolled in a university at the time r hours will not count toward		

ACADEMIC INFORMATION

Please list all colleges and universities attended, beginn	ning with the most recent.
1. College/University Name:	
City/State:	
Dates attended: From:	Craduation (or anticipated):
То:	Graduation (or anticipated):
Degree earned:	Major:
2. College/University Name:	
City/State: Click here to enter text.	
Dates Attended: From:	Graduation (or anticipated):
То:	Graduation (or anticipated).
Degree earned: Click here to enter text.	Major:
3. College/University Name:	
City/State:	
Dates Attended: From:	Graduation (or anticipated):
То:	Graduation (or anticipated).
Degree earned:	Major:
4. College/University Name:	
City/State:	
Dates Attended: From:	Graduation (or anticipated):
То:	Graduation for anticipated).
Degree earned:	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 Supervisor? Yes No		
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:	
In 3-4 sentences describe population and responsibilities:			
2. Institution:	Position Title:		
Supervisor Name:	Supervisor's Title:		
Supervisor's Phone:	May We Contact Supervisor? ☐ Yes ☐ No		
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:	
In 3-4 sentences describe population and responsible	lities:		
3. Institution:	Position Title:		
Supervisor Name:	Supervisor's Title:		
Supervisor's Phone:	May We Contact Supervisor? ☐ Yes ☐ No		
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:	
In 3-4 sentences describe population and responsibilities:			
4. Institution:	Position Title:		
Supervisor Name:	Supervisor's Title:		
Supervisor's Phone:	May We Contact Supervisor? ☐ Yes ☐ No		
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:	
In 3-4 sentences describe population and responsibi	lities:		

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: To:	Hours/Week:	Total Hours Completed:
In 3-4 sentences describe population and responsibi	lities:	
6. Institution:	Position Title:	
Supervisor Name:	Supervisor's Title:	
Supervisor's Phone:	May We Contact Supervisor? ☐ Yes ☐ No	
Dates Worked: From: To:	Hours/Week:	Total Hours Completed:
In 3-4 sentences describe population and responsibi	lities:	

Please attach additional pages if necessary

Essay Questions

Piease	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 U	C 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
Recon	nmended:
	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)
	Have completed at least one class in typical child development with a passing grade

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 2025 Child Life Practicum will be:

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

 Please provide any additional pertinent information regarding your schedule or any conflicts for Summer 2025.

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: childlifestudents@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 attes	t that the information in this application is true and accurate to the best of my knowledge.
Signat	ure: Date:
For an	y questions, please contact the UC Davis child life department at childlifestudents@ucdavis.edu