



Georgetown University Hospital Child Life Program

3800 Reservoir Rd, NW • Washington D.C. • 20007
202-444-3037 (office) • lindamjung@gmail.com

Child Life Internship Application

INSTRUCTIONS:

A. Mail your complete application in **one** envelope.

Include:

- This **application form**
- **Two reference letters** in sealed envelopes. They may be contacted for questions.
- **Official transcript** from each school attended
(Include list of courses in which you are currently enrolled, if applicable.)

Return to:

Linda Jung, CCLS
Georgetown University Hospital
Child Life Program
RE: Internship
CCC Building, C5116
3800 Reservoir Rd, NW
Washington DC, 20007

PERSONAL INFORMATION

Name: _____ Date: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Email: _____

ACADEMIC INFORMATION

If you are a student:

SCHOOL: _____

SCHOOL YEAR: _____ MAJOR: _____ MINOR: _____

Your address at school: _____

City/State/Zip: _____

College Courses in Child Development, Child Life, Expressive Therapies, or related to Child Life.

Course	Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

9. _____

10. _____

EMERGENCY CONTACT INFORMATION

In Case of Emergency Notify _____ Relationship _____

Address _____
(Zip Code) _____

Phone (area code) _____

HOSPITAL EXPERIENCES

(If you have worked with a Child Life Specialist at any institution please indicate below)

Institution _____ Number of hours _____

Position Held _____ Dates _____

Child Life Specialist _____

JOB EXPERIENCES (paid)

1. Institution _____ Number of hours _____

Position Held _____ Dates _____

2. Institution _____ Number of hours _____

Position Held _____ Dates _____

3. Institution _____ Number of hours _____

Position Held _____ Dates _____

PROFESSIONAL ORGANIZATIONS

1. _____

2. _____

3. _____

4. _____

Please answer the following questions on a separate sheet in short answer form.

- Why do you want to do a Child Life Internship?
- Please describe any experience you have had with children.
- What can you offer to the Child Life program here at Georgetown?
- Discuss your strengths and weaknesses.
- Why do you want to be a Child Life Specialist?
- Skills? Hobbies?

I confirm that all the information presented in this application is true to the best of my knowledge.

SIGNATURE: _____

DATE: _____