



Children's Hospital  
of Wisconsin®

*A member of Children's Hospital and Health System.*

MS C630, PO Box 1997  
Milwaukee, WI 53201-1997  
Phone (414) 266-2000  
www.chw.org

**Children's Hospital of Wisconsin  
Kohl's Child Life Program  
Internship Application**

**Spring 20** \_\_\_\_\_ **Summer 20** \_\_\_\_\_ **Fall 20** \_\_\_\_\_

**I. General information**

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

School address: \_\_\_\_\_

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

Phone: ( \_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_

**Education**

College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Graduation date: \_\_\_\_\_

**List coursework relevant to Child Life practice:**

Academic advisor: \_\_\_\_\_

School address: \_\_\_\_\_

School phone: ( \_\_\_ ) \_\_\_\_\_

Are you able to travel for an on-site interview? Yes \_\_\_\_\_ No \_\_\_\_\_

**Children's Hospital of Wisconsin  
Kohl's Child Life Program  
Internship Application**

**II. Hospital experiences** (please list if you were supervised by a Child Life Specialist)

- |                              |                              |
|------------------------------|------------------------------|
| 1. Institution: _____        | 2. Institution: _____        |
| Number of hours: _____       | Number of hours: _____       |
| Position: _____              | Position: _____              |
| Dates worked: _____          | Dates worked: _____          |
| Child Life Specialist: _____ | Child Life Specialist: _____ |

**III. Volunteer experiences** (preferably with children/families)

- |                        |                        |
|------------------------|------------------------|
| 1. Institution: _____  | 2. Institution: _____  |
| Number of hours: _____ | Number of hours: _____ |
| Position: _____        | Position: _____        |
| Dates worked: _____    | Dates worked: _____    |

**IV. Job experiences**

- |                        |                        |
|------------------------|------------------------|
| 1. Employer: _____     | 2. Employer: _____     |
| Number of hours: _____ | Number of hours: _____ |
| Position: _____        | Position: _____        |
| Dates worked: _____    | Dates worked: _____    |

Please list below any professional organizations to which you belong:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**V. Please answer the following questions in the space provided.**

1. How did you become interested in the field of Child Life?

2. Describe your reasons for wanting to work with a pediatric population.



**Children's Hospital of Wisconsin  
Kohl's Child Life Program  
Internship Application**

7. Describe your ideal site supervisor.

8. Please explain the standards for certification and employment of Child Life professionals.

9. What do you anticipate your feelings will be when working with acutely ill children and terminally ill children?

10. Please state your goals and objectives for the internship experience. Outline how you feel each goal can be achieved.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Children's Hospital of Wisconsin  
Kohl's Child Life Program  
Internship Application**

**VI. The following is the list of dates for each internship semester:**

<b>Internship session</b>	<b>Application deadlines</b>	<b>Offer deadline</b>	<b>Acceptance deadline</b>
Fall	May 5	June 22	June 28
Spring	Sept. 5	Oct. 22	Oct. 28
Summer	Jan. 5	Feb. 22	Feb. 28

**Please attach the following to your application:**

- Resume.
- Current transcripts.
- Three Kohl's Child Life Program reference forms (*two must demonstrate your work with children and families*).

**Completed applications can be mailed to:**

Lori Gottwein and Jennifer Miller  
Children's Hospital of Wisconsin  
Child Life Program MS C630  
PO Box 1997  
Milwaukee, WI 53213