



Kids deserve the best.

Children's Wisconsin
Child Life and Creative Arts Therapies Program
Summer Child Life Practicum Experience Application

Applications due:

February 1st (postmark deadline)

Date:

Applicant Name:

Email:

Phone:

Current Address:

Permanent Address:

Current University/College:

Anticipated Graduation Date:

Academic Major:

Cumulative GPA:

Will you have completed your junior year by the start of the practicum? Yes No

Students must have completed their junior year by the start of their practicum.

In order to be considered for a practicum, the following must be submitted with your application:

- Documentation of a minimum of 100 hours working with children and/or families (see page 2)
- Relevant experience verification form(s), completed by a supervisor
- Resume
- Personal Statement (see below)
- Two (2) letters of recommendation, sent to childlife@chw.org by the author(s) of the letters
- Unofficial transcripts from current and previous academic institutions showing relevant coursework

Personal Statement (please type and include with your application)

In 500 words or less, please address the following:

- Background & future career goals
- Reasons for desiring placement in a practicum with the Child Life program at CHW
- Three (3) personal and/or professional learning goals during a practicum at CHW

Applicant Signature

My electronic signature below indicates that all the information contained in this application is factually correct and honestly presented.

Signature:

Date:

If you have any questions, please email:

Kari Barelmann, BS, CCLS at ChildLife@chw.org

Please submit the following documents to childlife@chw.org following the format outlined on the Children's Wisconsin Child Life website.

(<https://childrenswi.org/patients-and-families/milwaukee-campus/inpatient-visit/during-your-stay/hospital-programs-and-services/child-life-program/career-in-child-life>)



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Applicant Name:

Relevant Experiences with Children and/or Families (minimum of 100 hours)

Name of Organization: Location:
Supervisor and Title:
May we contact this supervisor? Yes No If yes, please include supervisor's phone number:
Dates: to Total Hours:
Description of Experience:

Name of Organization: Location:
Supervisor and Title:
May we contact this supervisor? Yes No If yes, please include supervisor's phone number:
Dates: to Total Hours:
Description of Experience:

Name of Organization: Location:
Supervisor and Title:
May we contact this supervisor? Yes No If yes, please include supervisor's phone number:
Dates: to Total Hours:
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May we contact this supervisor? Yes No If yes, please include supervisor's phone number:
Dates: to Total Hours:
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Relevant Experiences with Children and/or Families Verification Form (minimum of 100 hours)

Please use this form to verify a minimum of 100 hours of supervised work with children and/or families. **This form is to be submitted separately for each relevant experience used to demonstrate a minimum of 100 hours of supervised work with children and/or families.** Additionally, this form **must be completed by the supervisor** of the relevant experience.

Name of Applicant:

Volunteer/Work Location:

Dates: to

Hours Completed:

Supervisor and Title:

Dates: to Total Hours:

The applicant participated in the following activities with children and/or families under my supervision:

Supervisor Signature

My electronic signature below indicates that all the information contained in this application is factually correct and honestly presented.

Signature/Credentials:

Title:

Date:

May we contact you? Yes No

If yes, please include phone number:

email: