

**St. Alexius Medical Center  
Child Life Department  
Internship Application Form**

Dear Prospective Intern:

Thank you for your interest in our Child Life internship program at St. Alexius Medical Center. St. Alexius Medical Center is a community hospital. We have 9 private and 27 semi-private general pediatric beds and 6 Pediatric Intensive Care Unit beds. We have 3 Certified Child Life Specialists Internship lengths are 15 weeks, Monday through Friday 8:00am - 4:30 pm, and some evening and weekend hours.

**Student Requirements:**

- Official college transcripts
- Course Work Review List
- Two letters of recommendation.
- A current resume
- Completed intern application form.

<u>Semester</u>	<u>Application Due</u>	<u>Offer Deadlines</u>	<u>Accept Deadline</u>
<b>Fall</b> (Sept.-Dec.)	May 5	June 22	June 28
<b>Winter</b> (Jan.-May)	September 5	October 22	October 28
<b>Summer</b> (May- Aug)	January 5	February 22	February 28

After reviewing the application, I will notify qualified candidates to schedule an interview.

Mail completed application to:

Katie Hammerberg  
Child Life Specialist  
1555 Barrington Road  
Hoffman Estates, IL 60169

If you have any further questions, please feel free to contact me at (847) 843-2000 ext. 6634. I look forward to hearing from you.

Sincerely,

Katie Hammerberg, CCLS  
Child Life Coordinator

**Semester Applying for:**

- \_\_\_\_\_ Fall Semester (September – December)
- \_\_\_\_\_ Spring Semester (January – May)
- \_\_\_\_\_ Summer Semester (May – August)

**Personal Information**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

**College Education:**

University: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Emphasis: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

Graduation Date or Expected Graduation Date: \_\_\_\_\_

Supervisor/ Advisor Name and Title: \_\_\_\_\_

Supervisor/ Advisor Phone Number: \_\_\_\_\_

## Course Review

**\* College Courses in Child Development, Child Life, Psychology, or Related Courses**

	Dept	Course #	Course Title	Institution	Term	Year
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### Volunteer / Practicum/ Related Experience with Children

**On a separate sheet, please type out any Volunteer experiences, Practicum's, or Experience with healthy and hospitalized children and include the following:**

- **Name of organization & Phone #**
- **Start and End Dates**
- **Total # of Hours completed or in process**
- **Contact name & Supervisor**
- **Description of Duties & Responsibilities**

**Please type your answers**

1. Are you a member of any professional organization (Assoc. for Play therapy, Child Life Council, etc.)?
2. Are you CPR certified? \_\_\_\_ Yes \_\_\_\_ No When does it expire? \_\_\_\_\_
3. Please describe all previous experiences with children in a hospital setting and non-hospital setting?
4. How did you first hear of Child Life?
5. How do you see the role of Child Life in a Pediatric setting and Outpatient setting?
6. How do you visualize Child Life spending time in the hospital?
7. What is your career objective?
8. Do you consider yourself a leader or a follower? Why?
9. Please describe your strengths and areas needing improvements.
10. What qualities and skills do you possess that will help you in your internship?
11. It is rarely possible, even in the most ideal of settings, to meet with all the children upon admission. How might children be “triaged” for this kind of care? Who needs this care the most?
12. List any physical disability or learning needs, which may need consideration or special accommodations.
13. Do you anticipate any other commitments during your internship (class, work)?