ADDITIONAL QUESTIONS

Please answer the following questions. Use additional paper if needed.

1. What is it that you hope to gain from your internship experience?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. What are your career goals?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Tell me about the courses you have taken and how you see them preparing you for real world child life practice.

___________________________________________________________________________
___________________________________________________________________________

4. What are your strengths/weaknesses when working with children?

___________________________________________________________________________
___________________________________________________________________________

5. Why have you chosen to apply for internship at SHCH?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Why should we choose to interview you for this internship?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Please answer the following answers by checking YES or NO:

Have you completed a minimum of 10 courses approved by the CLC? _____ YES _____ NO

Have you taken a course taught by a CCLS? _____ YES _____ NO

Do you have a minimum cumulative GPA of 2.5? _____ YES _____ NO

Do you have a minimum major GPA of 3.0? _____ YES _____ NO

Are you a member of the Child Life Council? _____ YES _____ NO

Have you completed a Child Life Practicum? _____ YES _____ NO

Are you CPR Certified? _____ YES _____ NO

Student Signature: ____________________________________________ Date: ________________

Please submit completed application packet on or before the deadline to:

Child Life Department
Sacred Heart Children’s Hospital
5151 N. Ninth Avenue
Pensacola, FL 32504

Incomplete application packets will not be considered