

## **Banner Children's at Banner Thunderbird Medical Center CHILD LIFE PRACTICUM APPLICATION**

Please return completed application by **June 15<sup>th</sup>** to:

Colleen Hochhalter, CCLS  
Banner Children's at Thunderbird  
Child Life Department  
5555 W. Thunderbird Rd.  
Glendale, AZ 85306

Or email to:  
colleen.hochhalter@bannerhealth.com

### **STUDENT APPLICANT REQUIREMENTS**

- Must be working towards or completed a degree in child development or related field
- Completed or currently enrolled in class taught by certified child life specialist, or currently enrolled in a Child Life program at college or university
- Completed minimum of 4 classes in child life, child development, psychology or related field
- Minimum GPA of 3.0 on 4.0 scale
- 100 hours of experience working with children in any environment
- Preferred experience working or volunteering with children in a hospital environment

### **APPLICATION REQUIREMENTS**

- Completed application
- Resume and cover letter
- Educational Transcripts (Official transcripts are not required)
- Three (3) non-related references
- One (1) letter of recommendation from a supervisor who has observed your interactions with children-may be from 1 of the 3 references provided
- Proof of hours on verification form working with well or hospitalized children-separate forms required for each setting hours earned at

**APPLICANT INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Affiliated University or College: \_\_\_\_\_

**COLLEGE EDUCATION**

Institution \_\_\_\_\_

Major or Degree \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

Institution \_\_\_\_\_

Major or Degree \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

Institution \_\_\_\_\_

Major or Degree \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

**RELATED WORK WITH CHILDREN**

Site \_\_\_\_\_

Age of Children \_\_\_\_\_

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Date Range \_\_\_\_\_

Site \_\_\_\_\_

Age of Children \_\_\_\_\_

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Date Range \_\_\_\_\_

Site \_\_\_\_\_

Age of Children \_\_\_\_\_

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Date Range \_\_\_\_\_

**REFERENCE CONTACT INFORMATION**

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SUPERVISED HOURS WORKING WITH CHILDREN - VERIFICATION FORM**

*Reminder: separate forms required for each setting hours earned at.*

Applicant's Name \_\_\_\_\_

Institution where hours were completed \_\_\_\_\_

Number of hours completed \_\_\_\_\_

Type of experience – check one

 Working with well children Working with children in a healthcare environment Working with children with special needs

This applicant's experience included (please list typical duties and types of interactions applicant experienced with children):

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Signature and credentials \_\_\_\_\_

Printed name \_\_\_\_\_

Title at institution \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Why are you interested in the child life practicum student position at Banner Thunderbird?

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What qualities and skills do you possess that would make you a good fit for this position?

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Please describe your experience working with children.

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What skills do you hope to gain by the completion of your practicum experience?

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