



Application for (circle one):          Summer          Fall

**Personal Information:**

Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Current Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Contact Phone \_\_\_\_\_

**College Education:**

\_\_\_\_\_ (Institution)          \_\_\_\_\_ (Major)          \_\_\_\_\_ (Graduation Date)

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

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

Are you a member of the Child Life Council? \_\_\_\_\_

**Relevant Experience (list most recent experience first):**

1. Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_

Dates \_\_\_\_\_ Total Hours \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of experience \_\_\_\_\_

\_\_\_\_\_

2. Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_

Dates \_\_\_\_\_ Total Hours \_\_\_\_\_ Supervisor \_\_\_\_\_

Description of experience \_\_\_\_\_

\_\_\_\_\_

3. Name of Institution\_\_\_\_\_ Phone\_\_\_\_\_

Dates\_\_\_\_\_ Total Hours\_\_\_\_\_ Supervisor\_\_\_\_\_

Description of experience\_\_\_\_\_

\_\_\_\_\_

4. Name of Institution\_\_\_\_\_ Phone\_\_\_\_\_

Dates\_\_\_\_\_ Total Hours\_\_\_\_\_ Supervisor\_\_\_\_\_

Description of experience\_\_\_\_\_

\_\_\_\_\_

Note: If you have completed a practicum or field placement in a previous child life program, please attach a copy of any evaluation form and/or indicate name of supervisor.

**Required References:**

Please tell us the names of the two people (not related to you) who will provide written letters of reference.

\_\_\_\_\_  
(Name) (Relation) (Address or Phone Number)

\_\_\_\_\_  
(Name) (Relation) (Address or Phone Number)

**Return completed application to:**  
Child Life Department  
The Children's Hospital at Saint Francis  
6161 South Yale Ave.  
Tulsa, OK 74136  
For further information: 918-502-6333