



Internship Application Recreation Therapy and Child Life

Please complete the application and fax it to (650) 498-2455 or mail to:

Colette Case
Recreation Therapy / Child Life Department
Lucile Packard Children's Hospital
725 Welch Road
Palo Alto, CA 94304

Date: _____

Anticipated Internship Dates: _____

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Education

College: _____

Date and Title of Degree: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Academic Advisor: _____

Advisor's Phone Number: _____

Experience (A resume may be sent in lieu of completing this section)

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Dates of Employment: From _____ To _____

Responsibilities: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Dates of Employment: From _____ To _____

Responsibilities: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Dates of Employment: From _____ To _____

Responsibilities: _____

Supplemental Information

Please include the following information with your application:

- A current transcript
- A copy of the University's Recreation Therapy/Child Life
- Department's educational requirements
- A personal statement explaining why you are exploring an Internship at LPCH
- A brief statement outlining your personal definition of Recreation Therapy/Child Life and how that could be applied to our pediatric population

References

Please list at least two references, one of which can be an educator, the other a supervisor from your work/volunteer experiences.

Name: _____

Phone: _____

Relation: _____

Name: _____

Phone: _____

Relation: _____

Deadlines

Please submit this application, along with the supplemental information by:

Winter	September 30
Fall	March 15
Spring	November 15
Summer	By Special Arrangement