

**MINISTRY SAINT JOSEPH'S CHILDREN'S HOSPITAL
CHILD LIFE DEPARTMENT
INTERNSHIP APPLICATION FORM**

___ Fall Semester 20___ ___ Spring Semester 20___ ___ Summer Semester 20___

Please type or print legibly in black ink.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SOC. SEC. # _____

DATE OF BIRTH: _____ OVERALL GPA: _____

UNIVERSITY: _____

ADDRESS: _____

UNIVERSITY ADVISOR: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

MAJOR: _____ ANTICIPATED DATE OF GRADUATION: _____

MINOR: _____

IN CASE OF EMERGENCY, CONTACT:

In the event of illness or injury, which I may incur during this learning experience, I hereby instruct Saint Joseph's Hospital and it's agents to secure appropriate medical care and to notify the individual listed below:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I wholly and expressly release Saint Joseph's Hospital from any and all liabilities now and in the future associated with my actions during this internship.

Applicant's Signature

Date

If additional room is needed please attach a separate sheet of paper.

10. WHAT QUALITIES AND SKILLS DO YOU POSSESS THAT WILL HELP YOU IN YOUR INTERNSHIP AND LATER AS A THERAPIST?

11. IT IS RARELY POSSIBLE, EVEN IN THE MOST IDEAL OF SETTINGS, TO MEET WITH ALL CHILDREN UPON ADMISSION. HOW MIGHT CHILDREN BE “TRIAGED” FOR THIS KIND OF CARE? WHO NEEDS THIS CARE THE MOST?

12. LIST ANY PHYSICAL DISABILITY WHICH MAY NEED CONSIDERATION OR SPECIAL ACCOMMODATIONS.

13. DO YOU ANTICIPATE ANY OTHER COMMITMENTS DURING YOUR INTERNSHIP (i.e. CLASS, WORK)?

APPLICATION WILL BE COMPLETE UPON RECEIPT OF ALL OF THE FOLLOWING MATERIALS:

- **Resume (include education and field experiences)**
- **Academic transcripts of ALL course work (please enclose a transcript from each college/university you have attended)--Student issued copy okay.**
- **Two letters of recommendation**
- **List of goals and objectives you want to accomplish during internship**
- **Completed Application**

**Please return completed application to: Heidi Giese, BS, CTRS, CCLS, CIMI
Child Life Manager
Child Life Department
Ministry Saint Joseph’s Children’s Hospital
611 Saint Joseph Avenue
Marshfield, WI 54449
(715) 387-7361
Heidi.Giese@ministryhealth.org**