



The Children's Hospital
www.thechildrenshospital.org

**THERAPEUTIC RECREATION/
CHILD LIFE
INTERNSHIP APPLICATION**

PERSONAL INFORMATION

Name

Current Address

City

State

ZIP Code

Permanent Address

City

State

ZIP Code

Telephone

Alternative Telephone

Email Address

ACADEMIC BACKGROUND

Current University/College

From	To
Dates Attended (Month/Year)	

Major

Minor/Areas of Emphasis

Graduation Date

Degree Earned

GPA

Past University/College

From	To
Dates Attended (Month/Year)	

Major

Minor/Areas of Emphasis

Graduation Date

Degree Earned

GPA

INTERNSHIP PREFERENCE

Internship applying for:

Child Life OR

Therapeutic Recreation

Desired internship session:

Summer 200__

Winter 200__

Will you be using the internship to complete college credits?

Yes No

SUPPLEMENTAL INFORMATION

Please include the following information with your application:

- An official transcript from each university/college you have attended.
- A copy of your current resume
- A completed Work/Volunteer Experiences Chart
- One letter of recommendation from a college/university professor
- Two letters of recommendation from individuals (other than relatives or friends) familiar with your work with children/families.
- A typed, narrative response to the following questions:
 1. A personal statement explaining why you are exploring an internship at The Children's Hospital.
 2. A brief statement articulating your definition of Therapeutic Recreation/Child Life and the importance of the role in a pediatric setting.
 3. Please list the goals and objectives you expect to accomplish during your internship.

ACKNOWLEDGEMENT

I confirm that the information provided in the application is true to the best of my knowledge. I further understand that any false statements on the application shall be sufficient cause for rejection for this internship or immediate discharge when discovered.

I hereby authorize my former supervisors and references to release information regarding my past experiences to assist this committee in determining my suitability for the internship.

I understand that if I am selected as a student intern, I am required to do the following before beginning my internship.

- Sign an internship agreement
- Provide proof of health insurance
- Complete health screen upon arrival at The Children's Hospital
- Provide proof of professional liability insurance coverage (either through college/university or personal policy)
- Provide information which enables The Childrens Hospital to complete a background check

Applicant's Signature

Date

Please return completed application and materials to:

Sandy Breiner, CCLS
TR/CL Internship Coordinator
TR/CL Department
Box 220
The Children's Hospital
13123 E. 16th Avenue
Aurora, CO 80045

Please direct any questions to 720-777-4658 or breiner.sandra@tchden.org.

The Children's Hospital internship selection committee does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation. We reserve the right to not offer the internship every semester.