



# Volunteer Services and Child and Family Life Department Practicum Application

*(Please answer all questions. Type or print clearly.)*

## PERSONAL INFORMATION

Name and Address:

\_\_\_\_\_  
Last Name: First Name Middle Initial

\_\_\_\_\_  
Current Address, City, State and Zip

\_\_\_\_\_  
Permanent Address: (if different from above)

\_\_\_\_\_  
Current Phone: Work Phone: Alternate Contact Number or Cell Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Emergency Contact Phone Number

## Current Status:

\_\_\_\_\_  
Academic Major:

\_\_\_\_\_  
Degree (received or expected):

\_\_\_\_\_  
Graduation Date (completion or expected completion date):

Have you completed a course taught by a Certified Child Life Specialist?

If so, please provide proof.

YES NO

## Please Include:

- ◆ Most Recent Resume
- ◆ Three signed letters of recommendation
- ◆ Paragraph stating how the practicum experience will help you on your chosen career path

## Desired Practicum:

\_\_\_ Fall (September – December) \_\_\_ Winter (January – April) \_\_\_ Summer ( May – August)  
*(Application deadline for Fall March 15th; for Winter by September 5th ; for Summer by January 5th)*

**Submit Application via E-mail to [aletmeye@med.umich.edu](mailto:aletmeye@med.umich.edu)**

**Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No**

**Are there any felony charges pending against you? \_\_\_ Yes \_\_\_ No**

*The Health System will conduct a criminal history file check for all new and returning volunteers to determine the existence of any arrest resulting in conviction. Please give dates, places, charges and disposition of all convictions and any other information about convictions you would like Volunteer Services and Child and Family Life to consider.*

**Relevant Experience:**

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Organization	Role	Total Hours
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Supervisor	Phone Number
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Organization	Role	Total Hours
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Supervisor	Phone Number
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Organization	Role	Total Hours
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Supervisor	Phone Number
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*If you will be receiving academic credit for your practicum, please provide the name and address for your university contact person:*

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Name	Title or Position
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Address

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E-mail:

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Telephone:

**References:** Please tell us the names of the three people (*not related to you*) who will provide written letters of reference for you.

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Name	Relation	Address or Phone Number
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Name	Relation	Address or Phone Number
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Name	Relation	Address or Phone Number
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**The UMHS Volunteer Services Department and Child and Family Life reserves the right to suspend or terminate a practicum student if it is discovered that false statements were made during the application process or at any time during the practicum or if the student is found to be in violation Practicum and UMHS Policies and Procedures.**

### **COMMITMENT**

I understand that the practicum experience within the UMHS Child and Family Life Department requires a commitment of 12 hours per week for 10 weeks for a total of 120 hours. I further understand that if I do not complete my practicum for any reason without the express written agreement of the Practicum Coordinator, I shall not be eligible to receive credit or letters of reference based on my practicum experience.

**Initial Here:** \_\_\_\_\_

**I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by designated UMHS personnel.**

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Signature

Date

**UNIVERSITY OF MICHIGAN**  
**AUTHORIZATION FOR A**  
**CRIMINAL RECORDS CHECK**  
**(For UMHS)**

**PLEASE PRINT CLEARLY**

Last Name	First	Middle
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth
US Social Security Number		UM ID (if known)
Driver License or State ID Number		State
Check here if you do not have a driver License or State ID card		<input type="checkbox"/>

I, the undersigned, authorize the University of Michigan, through the Department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any agency, to conduct a criminal history check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the University of Michigan.

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Signature

Date