



Child Life Services Shadow Program Application

Thank you for your interest in the Child Life Shadow Program! Please fill out the form below and return it via e-mail to ChildLifeShadowProgram@childrensnational.org

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Emergency contact name: _____ Phone number:

Are you 18 or older? Yes No

Are you currently a student? Yes No

If so, where do you attend:

Are you currently pursuing a career in child life? Yes No

If no, please list your career aspirations.

Please tell us a little bit about your reason for requesting this shadow opportunity and what you hope to gain from the experience:

Do you have any previous hospital experience? If so, please describe.

How did you find out about the Child Life Shadow Program at Children's National?

Shadow opportunities are typically available the third week of each month on Monday and Thursday from 10:00 AM-1:00 PM or 1:00 PM- 4:00 PM. Please note that due to the high volume of applicants, shadow opportunities may be booked out months in advance. Coordinators will reach out with further information about availability if needed. Please provide three specific date/time preferences (at least a month in advance).

1st choice date: _____ 2nd choice date: _____ 3rd choice date: _____