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? If no, please list your career aspirations.
Yes No _____

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 on Monday's and Thursday's from 9:00 AM-1:00 PM or 1:00 PM- 5:00 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: _____