



**The Mount Sinai Kravis Children's Hospital  
Student Internship Application  
Art Therapy Internship Fall 2012 (September-April)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Address (school): \_\_\_\_\_ Eve Phone #: \_\_\_\_\_

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone #: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

**In order to be considered for an internship position, the following information must be submitted with this application:**

- Letter of verification on official letterhead showing that an applicant has completed 75 volunteer hours in a pediatric setting (preferably in a Child Life program) or letter of plan to complete by 9/1/12
- 2 letters of recommendation (i.e.- professor, former supervisor, etc...)
- **Optional-** you may attach a resume highlighting notable/relevant experience or photographs or your own artwork

**Please answer the following questions:**

1. What were your reactions to illnesses, accidents, or hospitalizations in the past? How have they affected your attitudes towards them?
2. Have you thought about situations you might see and experience in our hospital? Please give a brief description.
3. How do you think you would handle your feelings if you were working with (1) an acutely ill or (2) terminally ill child?

4. You will be under constant supervision during your placement. How do you feel about this? Please comment in detail.

**Personal Statement**

Please discuss briefly your background and tentative career plans. Include your reasons for desiring a placement with the Child Life and Creative Arts Therapy program at Mount Sinai and how these reasons relate to a potential career. You may also include special skills and talents that enhance your ability to work with children in this setting. Please type this information and attach to your application.

**If you have any questions, please contact:**

**Susanne Bifano at (212) 241-6797.**

**Please return this form by mail to:**

**Susanne Bifano**

**Child Life Program**

**Mount Sinai Medical Center**

**One Gustave Levy Place Box 1153**

**New York, NY 10029**

**Or Fax: 212-427-3049**

**Telephone: 212-241-6797**

[Susanne.Bifano@mountsinai.org](mailto:Susanne.Bifano@mountsinai.org)

**For Office Use Only**

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Volunteer Office Notification: \_\_\_\_\_