



**Mount
Sinai**

**The Mount Sinai Kravis Children's Hospital
Student Internship Application
Music Therapy Internship 2015-2016**

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 a letter indicating your plan to complete by 9/1/15.
- 2 letters of recommendation (i.e.- professor, former supervisor, etc...)
- *(optional)* You may attach a resume highlighting notable/relevant experience.

Please answer the following questions:

1. What have your reactions to illnesses, accidents, or hospitalizations been in the past? How have your experiences with illness, accidents or hospitalizations 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 child, or 2.) A 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 email:

todd.o'connor@mountsinai.org
or call 212-241-8639

Please return your application by mail to:

Todd O'Connor
Child Life & Creative Arts Therapy Department
The Mount Sinai Medical Center
One Gustave L. Levy Place, Box 1153
New York, NY. 10029

Or Fax to: 212-427-3049

For Office Use Only

Date Received: _____

Interview Date: _____

Volunteer Office Notification: _____