

**MSc Child Life & Pediatric Psychosocial Care**  
**Stream 1: Entry to Child Life Practice**  
**Verification of Volunteer Hours**

Prior to entering Stream 1 of the Masters in Child Life program, applicants must submit proof of 100 hours of unpaid experience **volunteering in a child life program**. This *is not* a job shadowing experience. This exposure should however include direct contact with children and/or youth. Student placement hours in a child life setting are also accepted.

Due to the COVID-19 pandemic, we recognize that child life volunteer opportunities in a hospital or community setting may have been limited. ***We are aware these opportunities are more widely available now and for Fall 2024 applications we strongly encourage applicants seek the requirement for a minimum of 100 volunteer hours directly within a child life program.*** Volunteering in a child life program may include a hospital or community setting. The form below must be signed by a person who has a clinical background as a child life specialist who can confirm these hours have taken place at their site. The 100 hours of volunteer experience in a child life program will help to prepare students for the clinical education required in the second year of our Masters program.

Applicants who have not yet completed the required 100 hours at the time of application should indicate a date of estimated completion on the form below and submit with your application. The full 100 hours of volunteer experience must be complete and verified on this form with the appropriate child life specialist signature prior to June 30<sup>th</sup>. Submission of this form confirming completion of these 100 hours should be forwarded to [childlife@mcmaster.ca](mailto:childlife@mcmaster.ca) as soon as completed.

International applicants or those who are unable to secure a volunteer placement in a child life program because of limited or lack of availability, are asked to email our program at [childlife@mcmaster.ca](mailto:childlife@mcmaster.ca). Consideration will be provided on a case by case basis.

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*\*Please complete the fields in full and include the appropriate signatures.*

Student Name:

Address:

Province/State & Country:

Phone Number:

Email:

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Volunteer Start Date:

Role:

Please describe your responsibilities as a volunteer and how this relates to the child life profession. Please be as detailed as possible (max. 200 words):

Total Hours Completed:

If the minimum of 100 hours has not yet been completed, please indicate plans to fulfill these hours, and estimated date of completion:

Date Hours were Completed:

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*The person signing this form is confirming that the hours and responsibilities completed in this role are true and accurate.*

***More than one form may be required if including several experiences.***

Name of child life specialist or supervisor who can confirm hours (please print):

Title:

Signature:

Date of signature:

Organization/Hospital:

Address:

Province/State & Country:

Phone Number:

Email: