



CHLA's Injury Prevention Program
Pediatric Injury Prevention Scholars (PIPS) Application 2025

Please type or print legibly

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

Last Name, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Information about your education: (Please fill in based on your current level of education.)

I have completed:
\_\_\_\_\_Some College \_\_\_\_\_Undergraduate degree \_\_\_\_\_Graduate degree

\*If applicable, please list the undergraduate institution that you have or are attending now:
School Name: \_\_\_\_\_ Area of focus: \_\_\_\_\_

\*Please denote current academic year:
\_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_N/A

I have completed or am finishing Graduate School:
\_\_\_Yes\_\_\_No

\*If applicable, please list the Graduate School that you have or are attending now:
School Name: \_\_\_\_\_ Area of focus: \_\_\_\_\_

I need volunteer hours for school/college credit: \_\_\_Yes \_\_\_No If yes, how many? \_\_\_\_\_

Information about your current employer (If Applicable):

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Knowledge of Foreign Languages:

Please list the language and indicate your skill level as follows: B=Basic I=Intermediate F=Fluent

\_\_\_\_\_

\_\_\_\_\_



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Please list your experiences or skills that relate to your foreign language:

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How did you hear about CHLA's Pediatric Injury Prevention Program? Please check which one applies:

\_\_\_ CHLA Website \_\_\_ A CHLA employee \_\_\_ Work \_\_\_ School/College
\_\_\_ Other (please explain) \_\_\_\_\_

Please briefly describe why you are interested in the Pediatric Injury Prevention Scholars program at CHLA:

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Please rank the program tracks you are interested in:

Injury Prevention /Health Education/Promotion \_\_\_\_\_

Interns will engage in many different community projects, health fairs and will help educate children and their families on a variety of injury prevention topics, such as, child passenger safety, pedestrian safety, drowning prevention, distracted driving, earthquake and disaster preparedness and sports/concussion prevention.

- \*some night and weekend events required at offsite locations\*
\*must pass CPST course\*
\*lifting (up to 40lbs)\*

Research and Evaluation\* \_\_\_\_\_

\*If selecting the Research and Evaluation track, please attach a writing sample.

Interns will conduct literature searches, assist with study design, develop data collection tools, analyze data using statistical software, prepare manuscripts and assist in IRB study submissions. The areas of focus are acute trauma care, injury prevention and disaster preparedness.

Disaster Preparedness and Emergency Management \_\_\_\_\_

Interns will have the opportunity to work on projects related to emergency management, including planning and response activities and research and publication on emergency management and effectiveness.

Current and past volunteer history:

Please list your current and previous volunteer roles with location (if any):

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Availability:

Day(s) of the week: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun
Shift(s): \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening



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**References:**

Please provide 2 people we may contact (Other than relatives or employer) who have known you for more than two years. Local references preferred.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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**I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Children's Hospital Los Angeles. I have read and understand the above and by my signature consent to these statements.**

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for completing the volunteer application!**

**For more information on the program, visit our website at: [CHLA.org/PIPS](http://CHLA.org/PIPS)**

**Please remit a cover letter, completed application, writing sample (for Research & Evaluation only) and resume to:**

Pediatric Injury Prevention Scholars Program  
Trauma Program | Children's Hospital Los Angeles  
4650 Sunset Blvd. MS #85 | Los Angeles, CA 90027  
Ph: 323-361-4720 | Fax: 323-361-7305 | [PIPS@chla.usc.edu](mailto:PIPS@chla.usc.edu)