



## High School Internship Program Application Form

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

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Town: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Grade Level: \_\_\_\_\_ Birth date: \_\_\_\_\_

Teacher/Career Counselor \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Applicants must be 16 years or older and receiving credit from school. The school must provide a form (Certificate of Liability) acknowledging the student is covered under their policy while interning. Include a brief description of your interests and why you would like to intern at our aquarium. Also include a letter of recommendation from a teacher, or school administrator. Include any work or volunteer experience. Please mail or fax this application with the other materials to:

Long Island Aquarium  
431 E. Main St., Riverhead, NY 11901  
Att: Colette Fardella  
Tel: 631-208-9200 ext. 121 / Fax: 631-208-3012  
Email: CFardella@amwny.com

To be filled out by office:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Schedule Days \_\_\_\_\_

Total hours of Internship: \_\_\_\_\_

Hours completed: \_\_\_\_\_