



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
Attention Colette Ferraro
Tel: 631-208-9200 ext. 121 / Fax: 631-208-3012
Email: CFerraro@amwny.com

To be filled out by office:

Start Date: _____ End Date: _____

Schedule Days _____

Total hours of Internship: _____

Hours completed: _____