Long Island Science Center

11 West Main Street, Suite 101,
Riverhead, NY 11901
Phone: 631-208-8000
Fax: 631-208-8304
Email:programs@lisciencecenter.org
www.lisciencecenter.org

INTERNSHIP APPLICATION

Name: _____ **Date of Birth:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **e-mail:** _____ (optional)

School District: _____

School: _____

Entering Grade: _____ **Principal's Name:** _____

Hobbies & Interests: _____

_____

_____

Date that you will be away this summer (family vacations, sports, camp, ect.)

_____

IMPORTANT INFORMATION

Please write a short essay indicating why you want to be an intern at the Science Center. Your essay should include what you expect to learn or experience as an intern. We require a letter of recommendation from a teacher or adult who is familiar with your work. Applications, essay and recommendation must be received by Monday, June 18, 2012.

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Dear Applicant and Family,

Thank you for your interest in the Long Island Science Center's Summer Intern Program. To apply, you must be 13 years of age or entering the seventh (7th) grade. You will need to write an essay, get a letter of recommendation and complete the enclosed application.

An internship is "supervised practical training". As an intern, you take on many of the responsibilities of an employee. You will learn how to: assist visiting families, prepare for programs, demonstrate the exhibits, help in the gift shop and use the register. As a group, you will create a new exhibit for the fall.

At the end of your internship, we will recognize your participation with a letter to your principal (or anyone else you request). We will invite you to be part of the Science Center's special events throughout the coming year. When you apply for jobs, scholarships, or college admission, we will be pleased to write a letter of recommendation.

The Science Center's Intern Program is competitive. Acceptance into the program is based upon interest and other evidence that you will become an active part of our museum volunteer staff. Applications are due by Monday, June 18, 2012. We will notify you of our decision by Monday, June 25, 2012. We look forward to seeing your application.

Sincerely,

Delia Gibbs

Delia Gibbs
Executive Director
Long Island Science Center

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Dear Teacher/Guidance Counselor:

_____ has applied to the Long Island Science Center's Summer Intern Program. This is a program for students ages 13 to 16, who are interested in science and who would benefit from the practical experience "behind the scenes" here at the museum. Since this is a competitive program, we are requesting a letter of recommendation describing the applicant's interest, special abilities and reliability.

You may give the letter to the student or return it to me at the Long Island Science Center.

Thank you for your cooperation.

Sincerely,

Delia Gibbs

Delia Gibbs
Executive Director
Long Island Science Center

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INTERN EMERGENCY INFORMATION

Please complete this form and bring to the Long Island Science Center

Intern's Name: _____
Date of Birth: _____/_____/_____
Address: _____
City: _____ Zip Code: _____
Home Phone: (_____) _____ - _____
E-Mail: _____@_____

Parent/Guardian Name: _____
Work Phone: (_____) _____-_____
Cell Phone: (_____) _____-_____
E-Mail: _____@_____

Other Emergency Contact: _____
Phone: (_____) _____-_____
Relationship to Intern: _____

Alternate Pick-Up Authorization:
List names of adults who are authorized to pick up your child
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Parent/Guardian Signature: _____

Photo Release
I authorize Long Island Science Center to have, take, and use without payment, any photographs, slides, and/or video tapes of my child, as may be needed for public relations purposes, marketing, advertising, and/or internal training purposes.
YES ____ NO _____ Parent/Guardian Signature: _____

Physician's order for prescribed oral medication
Child must be able to take medication by themselves
Medication:_____ dosage: _____
Significant side effects (adverse reactions) which should be reported to the physcian:
_____
Special Instructions: _____
Physician's Signature: _____
Physician's Emergency number: (_____) _____-_____
Medication must be delivered to the Science Center by parent in the original container in which it was dispensed.

Bringing Science to Life