



THE MUSEUM OF TOLERANCE

VOLUNTEER APPLICATION FORM

INTERN (FOR COLLEGE CREDIT) OR

SPECIAL MUSEUM PROJECTS VOLUNTEER (POST GRAD)

DATE (MM/DD/YY):

Application for:

Season	YEAR
Fall	
Winter	
Spring	
Summer	

Last Name: _____

First Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Email: _____

Phone: _____

Driver's License/State ID # _____ Expiration date: _____

Emergency contact name and phone number: _____

Relationship to emergency contact: _____

Education:

College/University/Trade School: _____

City: _____ State: _____ Graduation Date: (Month/Year) _____

Degree, Major/Minor/Concentration:



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Honors & Awards

Honor Society, Dean's List, Scholarships

Prior Work/Volunteer Experience:

1. Dates of employment From: _____ To:

Title or position:

Organization/Company Name:

Address:

2. Dates of employment From: _____ To:

Title or position:

Organization/Company Name:

Address:

3. Dates of employment From: _____ To:

Title or position:

Organization/Company Name:

Address:



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Co-Curricular Activities

Club Memberships, Sports, Music, Arts

Skills:

(Computer/Language)

Have you worked with students/general public/family programming? Yes No
If yes, in what capacity? _____

How did you hear about us? _____

Why do you want to volunteer at the Museum of Tolerance?

What is your availability?

Weekdays (prior to 5:00 PM) yes no
Sundays yes no

Can you work 10-15 hours/week? Yes No

Which positions are you interested in? (please check)

Youth Action Lab	
Research and Evaluation	
Museum Education	

Please list any foreign languages you speak or read fluently.

Please add any additional comments you feel will help place you in an internship or help designate your museum project assignment .



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REFERENCES

Please provide the names and phone numbers of three references below. References should be from a person that supervised your work/volunteer/educational experience.

1. Name:

Organization/School:

Phone number:

2. Name:

Organization/School:

Phone number:

3. Name:

Organization/School:

Phone number:

For more information, contact Director, Museum Volunteer Services,
Museum of Tolerance, 9786 W. Pico Blvd., Los Angeles, CA 90035
Tel: 310-772-2468 E-mail: volunteer@museumoftolerance.com
Please mail or e-mail your application to the mail/e-mail address above