

3. What is most appealing to you about this program? Why are you interested in participating in this program? What are you hoping to gain from this program?

4. How will this program benefit you personally? How will this program help you achieve your goals?

5. What day(s) do you think you will commit to volunteering? _____
Based on your current school calendar, do you foresee any schedule conflicts at this time? **Yes / No**
If **yes**, please explain:

ADDITIONAL INFORMATION (optional): Feel free to provide any additional information that helps explain why you are a good candidate for the *MOTivating Youth Volunteer Program*.

STATEMENT OF SCHOOL ENDORSEMENT:

Every participant is required to submit an endorsement from the appropriate authority.

_____ has applied to participate in the *MOTivating Youth*

Applicants Name

Volunteer Program. Before the application will be accepted, your endorsement for this individual and your commitment to support the goal of the program are essential.

In endorsing this applicant to be a participant in the *MOTivating Youth Volunteer Program*, I believe he/she has the necessary leadership potential, emotional maturity, and intellectual capacity to participate fully and successfully. I acknowledge the commitment and pledge full support for his/her participation in the program.

Name of Advisor/Guidance Counselor/Teacher

Title

Signature of Advisor/Guidance Counselor/Teacher

Date

APPLICANT’S ASSURANCE STATEMENT:

I understand that if I am selected to participate in the *MOTivating Youth Volunteer Program*, I am making a serious commitment of time and energy to the program and all related activities. I ***have read the program overview*** and can assure that I will fulfill the following commitment to the *MOTivating Youth Volunteer Program* and the Museum of Tolerance:

- Independent Museum Exploration and Education Journal
- 25 hours of volunteering at the Museum of Tolerance, as a Teen Docent assisting in art projects for Family Sundays, special programs or at specified exhibits
- Develop and present a Community Outreach Project that will summarize my experience at the MOT.

Applicant’s Signature

Date

PARENT/GUARDIAN’S STATEMENT:

I attest that I have reviewed this entire application and that I understand the requirements of the volunteer position for which my child is applying.

Name of Parent/Guardian

Relationship to Applicant

Signature of Parent/Guardian

Date

For more information, please contact Director of Volunteer Services at 310.772.7685 or email

volunteer@museumoftolerance.com