



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 Teen 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 Teen*

**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 Teen 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 Teen 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 Teen Volunteer Program* and the Museum of Tolerance:

- One year commitment
- Independent Museum Exploration and Education Journal
- 50 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 310.772.2510 or email

[volunteer@museumoftolerance.com](mailto:volunteer@museumoftolerance.com)