



THE MUSEUM OF TOLERANCE

**INTERN / SPECIAL MUSEUM PROJECTS
APPLICATION**

INTERN (for college credit) or

SPECIAL MUSEUM PROJECTS VOLUNTEER (not for credit)

DATE (MM/DD/YY):

Application for:

Season	YEAR
Fall	
Winter	
Spring	
Summer	

Last Name: _____

First Name: _____

Address:

City: _____ **State** _____ **Zip Code** _____

Email: _____ (Please print clearly)

Phone: _____

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:

Honors & Awards

Honor Society, Dean's List, Scholarships

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 p.m.)	yes	no
Sundays	yes	no

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

Which positions are you interested in? (please check)

Museum Education	
Archives and Reference Library	

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.

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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REFERENCES

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

1. Name:

Organization/School:

Phone number:

Email:

2. Name:

Organization/School:

Phone number:

Email:

3. Name:

Organization/School:

Phone number:

Email:

For more information, contact Director, Museum Volunteer Services,
Museum of Tolerance, 9786 W. Pico Blvd., Los Angeles, CA 90035

**Tel: 310-772-2510 E-mail: volunteer@museumoftolerance.com
Please mail or e-mail your application to the mail/e-mail address above**