



### ETM-LA Volunteer Commitment Form

Volunteers play a pivotal role in the continued success of our organization by providing invaluable service, helping ETM-LA control costs, and developing additional resources to continue expanding and improving our programs.

**Your contact information:**

Full Name \_\_\_\_\_ M F Non-Binary Prefer not to say  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Where do you work/attend school? \_\_\_\_\_  
Have you ever been convicted of a felony? If so, please explain:

**I am interested in volunteering my time to ETM-LA through: (check one or more)**

- Office:** Assist ETM-LA staff with various office projects (i.e. organizing, filing, data processing, mailings, etc.).
- Education:** Assist in a music classroom as a Teaching Assistant, or at school events as an accompanist.
- Marketing:** Assist in writing communications pieces, social media outreach, and event invitations.
- Graphic Design:** Assist in the creation of marketing materials, flyers, and event invitations.
- Fundraising:** Host a fundraiser benefiting ETM-LA.
- Other:** Let us know how else you'd like to volunteer.

**I would like to serve on an Events Committee\* for one of the following events: (check one or more)**

- Events (mixers, private concerts, etc.)
- Annual Benefit Gala
- Community Outreach Events
- School Concerts

**\*Please provide us any previous experience you have had in event planning or organizing.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please select all of the options that apply to you:**

- I would like to attend a planning meeting to learn more before committing.
- I have spare time and wish to give back.
- I need volunteer hours for work/school.
- I am in-between jobs and would like to be of service in my free time.
- I hope to meet new people and expand my social network.

**How did you hear about Education Through Music-Los Angeles? (be as specific as possible):**

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**Please list 2 references (1 professional, 1 personal – non-family member):**

**1) Name & Relationship / Phone / Email:**

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**2) Name & Relationship / Phone / Email:**

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**During which times are you available for volunteer assignments?**

- |                    |                    |
|--------------------|--------------------|
| Weekday Mornings   | Weekend Mornings   |
| Weekday Afternoons | Weekend Afternoons |
| Weekday Evenings   | Weekend Evenings   |

ETM-LA respects your values, perspective, and honesty about ways we can make your volunteer experience as fulfilling as possible.

**Is there anything else we can do to create a more comfortable environment for you?**

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**Is there anything else you feel we should know about you?**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for completing this form. A member of our team will be contacting you soon!**

**Email: [volunteer@etmla.org](mailto:volunteer@etmla.org) Fax: 818-433-7601**

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