



## Volunteer Application

1. Fill out and submit Volunteer Application to Ms. Amanda, [ahagerty@tmesnm.com](mailto:ahagerty@tmesnm.com)
2. After Ms. Amanda receives your Volunteer Application, she will send you information about completing a background check. The background check costs approximately \$60.00.
  - a. Background checks need to be completed every two years as long as the background check was done specifically for TMA purposes.
3. Once your background check has cleared, you will receive more volunteer clearance information from Ms. Amanda and how to move forward in the volunteering process.
4. After you receive your volunteer clearance, you may contact your student's teacher to see what volunteer opportunities they have available in their classroom. Please remember, volunteer time and duties are at the discretion of TMA teachers and administrators.

### **Questions?**

Contact Ms. Amanda, [ahagerty@tmesnm.com](mailto:ahagerty@tmesnm.com).

*We look forward to working with you!*

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### **VOLUNTEER INFORMATION** *(Please write legibly)*

**Name** \_\_\_\_\_

**Phone number(s)** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Physical address** \_\_\_\_\_

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

**TMA student name & relationship** \_\_\_\_\_

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## VOLUNTEER INTEREST

**Have you ever been the subject of an investigation, allegation, or claim involving sexual abuse, sexual misconduct, or ethical misconduct in any employment or volunteer capacity? (Required under NMSA 22-10A-5) If yes, please explain below:**

☐ Yes

☐ No

**Are you requesting to volunteer in a certain classroom or age?\***

*\*Opportunities are based on need and at teacher and administrator discretion*

**What kind of volunteer activities are you interested in?\***

- ☐ Chaperoning on school field trips
- ☐ Making materials for the teacher
- ☐ Listening to students read
- ☐ Making copies
- ☐ Taking home rugs to clean

*\*Opportunities are based on need and at teacher and administrator discretion.*

**What days/times are you available to volunteer?**

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**Have you volunteered at TMA before?**

☐ **Yes**

☐ **No**

**Why would you like to volunteer at TMA? What are some skills or experiences that you would like to contribute or gain?**

**Administrative Use Only:**

- ☐ **Background check information sent to interested party on \_\_\_\_\_**
- ☐ **Background check cleared and processed**
- ☐ **Sent home volunteer card and additional information on \_\_\_\_\_**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_