



# Geist Montessori Academy Volunteer Application/Background Check

Please print all information clearly and use full legal name.

<b>Applicant Legal First Name</b>		<b>Applicant Legal Last Name</b>	
<b>Applicant Middle Initial</b>		<b>Suffix</b>	<b>Date of Birth</b> (MM/DD/YYYY)
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multiracial		

*Please list the name(s) of the GMA student(s) related to the applicant as well as their teacher's name(s).*

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### For Office Use Only

Approved

Denied