



**GEIST
MONTESSORI
ACADEMY**

**Geist Montessori Academy
Volunteer Application/Background Check**

Please print all information clearly and use full legal name.

Applicant Legal First Name		Applicant Legal Last Name	
Applicant Middle Initial		Suffix	Date of Birth (MM/DD/YYYY)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <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		
Home Address <i>Include city, state, and zip</i>			

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: _____

Applicant Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

For Office Use Only

Approved

Denied

Date: _____ Approving Signature: _____