

The Society of Young Magicians Voluntary Disclosure/Authorization/Release Form

Complete legibly and mail this form to:
The Society of Young Magicians
Attn.: Jann Wherry Goodsell, Background Check Coordinator
P.O. Box 24226, Denver, Colorado 80224 | Fax: 303-362-0424. | manon@magicsam.com

All information will remain confidential

ALL NEW and RE-APPLYING APPLICANTS Complete this Section.

Print Full Legal Name: _____

Print AKA Stage Name (If applicable): _____

Current S.A.M. Member?: YES | NO If YES, Member #: _____ S.A.M. Assembly #: _____

Address: _____ Address (Line 2): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Social Security Number: _____ Date of Birth: _____

Phone Number (1): _____ Phone Number (2): _____

Email Address: _____ Driver License Number / State: _____

S.Y.M. Assembly # Involved With: _____ Your Role: Leader | Assistant Leader | Support Volunteer | Other _____

Current Address Since: _____ (Month/Year)

Address: _____ Address (Line 2): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

NEW APPLICANTS ONLY complete this section: Provide address information for the last five (5) years. Use the back to provide any additional information, summarize your experience working with youth and include three references.

Previous Address From: _____ (Month/Year)

Address: _____ Address (Line 2): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Previous Address From: _____ (Month/Year)

Address: _____ Address (Line 2): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Experience Working with Youth: _____

REFERENCES. Please list those who are familiar with your character as it relates to working with youth. These will be checked when necessary.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

ALL NEW and RE-APPLYING APPLICANTS sign/date application statement and return to S.A.M. National Administrator.

APPLICANT STATEMENT

I understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me or by conducting a criminal background check. Background checks may include, but are not limited to, multi-jurisdictional criminal record checks, an FBI fingerprint check, a National Sex Offender registry check, driver's license check, and a Social Security trace.

I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless The Society of Young Magicians.

In signing this application, I agree to comply with the Oath, Constitution and Bylaws of The Society of American Magicians, Youth Protection Policy of the Society of Young Magicians and agree to attend Leader training as required.

I affirm that the information I have given on this form is true and correct.

Signature: _____ Date: _____

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California: Under California law, the consumer reports described above that The Society of Young Magicians will procure on you are defined as investigative consumer reports. The reports may include information on our character, general reputation, and personal characteristics.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Intellicorp during normal business hours and with proper identification. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Intellicorp's offices during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the file by telephone. IntelliCorp will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must also furnish reasonable identification.

California, Minnesota, and Oklahoma: You have the right to request a free copy of any report procured on you. If you wish to receive a free copy, check below. _____ I request a free copy of any report procured on me.

New York: As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with The Society of Young Magicians. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer- reporting agency that furnished the consumer work.