

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
329 W 1750 N, Orem, UT 84057; fax: 801-802-8925

All information will be kept confidential by the Board of Trustees of The Society of Young Magicians.

Print Name: _____
(First) (Middle) (Last)

S.A.M. Membership Number: _____

Please provide complete address information for the last five (5) years. Use the back to provide any additional information.

Current Address Since: _____
(Mo/Yr)

(Street) (City) (State / Zip)

Previous Address From: _____
(Mo/Yr)

(Street) (City) (State / Zip)

Previous Address From: _____
(Mo/Yr)

(Street) (City) (State / Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Driver License Number / State: _____

Experience Working with Youth in Other Areas:

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 No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

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. 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 Constitution and Bylaws of The Society of American Magicians.

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.