



Magic Youth International Affiliate to
International Brotherhood of Magicians



ADULT VOLUNTEER APPLICATION

The role of a Magic Youth International Adult Volunteer is to serve as a positive model for the teens that are the focus of the program. You are expected to rigorously honor and support the I.B.M. Code of Ethics and to provide guidance to our junior members on their journey to becoming the next great generation of magical peers.

First Name: _____ Middle: _____ Last: _____

Address (No P.O Box): _____

City: _____ ST: _____ Zipcode: _____

Home Ph: (____) _____ - _____ Cell Ph: (____) _____ - _____ Work Ph: (____) _____ - _____

Email Address: _____@_____ Website: _____

Date of Birth: ____/____/____ Age: _____ Male Female Married Single

Employer: _____ I.B.M. Member Number: _____

Please list one personal family reference:

Name: _____ Relationship to you: _____

Address: _____

City: _____ St: _____ Zipcode: _____

Contact Phone Number: (____) _____ - _____ Email Address: _____@_____

Please list two professional references:

Name: _____ Relationship to you: _____

Address: _____

City: _____ St: _____ Zipcode: _____

Contact Phone Number: (____) _____ - _____ Email Address: _____@_____

Name: _____ Relationship to you: _____

Address: _____

City: _____ St: _____ Zipcode: _____

Contact Phone Number: (____) _____ - _____ Email Address: _____@_____

<input type="checkbox"/> Application for Program/Associate Advisor I understand that I will be part of an adult leadership team tasked with overseeing the youth affiliate and guiding the youth members. I would be interested in teaching the subjects of: _____ _____	<input type="checkbox"/> Application for Program Mentor I understand that I will be part of an adult leadership team tasked with independently teaching the youth affiliate members my mentoring specialties. My Mentoring Specialties are: _____ _____
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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 certify that I have no history of felony convictions, criminal alcohol or drug abuse or arrests due to acts of a violent, physical or sexual nature. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, Magic Youth International, The International Brotherhood of Magicians, and the officers, employees, and volunteers thereof. In signing this application, I have read the attached information and apply for selection as an adult volunteer. I agree to comply with the Charter and Bylaws, and the Rules and Regulations of the chartered organization, Magic Youth International and The International Brotherhood of Magicians. I affirm that the information I have given on this form is true and correct. I will follow and actively enforce the I.B.M./M.Y.I. Youth Protection policies.

_____ Applicant Signature	Reference 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Reference 2: <input type="checkbox"/> Yes <input type="checkbox"/> No Reference 3: <input type="checkbox"/> Yes <input type="checkbox"/> No Crim. History: <input type="checkbox"/> Yes <input type="checkbox"/> No Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Ring Pres.: _____ _____ Date
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