



Magic Youth International Affiliate to
International Brotherhood of Magicians



ADULT VOLUNTEER REFERENCE

The person listed above is an applicant for an adult leadership position with the Magic Youth International. This is a youth-oriented interactive experience with accomplished and experienced magicians from the local area. We are concerned with providing our local youth with a quality and safe magical learning experience. For this reason, we want the most qualified applicants in our adult role model positions. The selection committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please type or print. If this form was emailed to you, you can use Adobe Reader to fill in the blanks and return the completed form via email. Please use this form only. Applications will be reviewed in total confidence and your comments will not be shared with the applicant. Your honesty will help us maintain a quality and safe program for our teens.

Applicant Name _____ Position Applied For _____

Name of Reference _____ Relationship to Applicant _____

Address _____ City _____ State _____ Zipcode _____

1. How long have you known the applicant:

_____ Years _____ Months

2. How do you feel the applicant will enhance the Magical Youth educational program?

3. What are three words that come immediately to your mind when describing the applicant?

4. Have you ever known the applicant to use illegal drugs?

No Yes

5. To your knowledge, has the applicant ever been convicted of a criminal offense?

No Yes (Please Explain: _____)

6. To your knowledge has the applicant ever had his or her driver's license revoked or suspended?

No Yes (Please Explain: _____)

7. Is there any fact or circumstance involving the applicant that would, in your opinion, call into question the applicant's being entrusted with the supervision, guidance and care of young people?

No Yes (Please Explain: _____)

_____)

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

Signature of Reference _____

Date _____

- Mailed
- Emailed
- Telephone
- In Person

Interviewer: _____