

Youth Program Criminal Background Check (CBC) Authorization Form
 Completed forms can be submitted in the following ways: Email: cbc@hr.msu.edu or
 Mail: MSU Human Resources, 1407 S. Harrison Rd, Suite 110, East Lansing, MI 48823

Section 1. Youth Program & MSU Unit Information (Please Type or Print Legibly)

Youth Program Name:	Youth Program Start Date:	Sponsoring MSU Unit Name & Org Number
Youth Program Coordinator Name:	Phone Number:	Email Address:

Section 2. Youth Program Volunteer/Worker Information (Please Type or Print Legibly)

Last Name/Surname:	First Name/Given Name:	Middle Name:
List any aliases and/or other legal names:		MSU NetID:
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female MSU Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Address (Street):	City:	State: Zip:
Cell/Local Phone Number (with Area Code):	Email Address:	

This section does not apply to MSU Employees:

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

CRIMINAL HISTORY
Have you ever been convicted of a misdemeanor or felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there felony charges pending against you at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.
NOTE: The university conducts a criminal background check on all youth program volunteers or workers. A "yes" response will not automatically disqualify an individual from consideration.

I understand that I will not be allowed to begin volunteer or work at the MSU sponsored youth program until a criminal background check has been completed.

I authorize Michigan State University Human Resources to conduct a criminal background check on me and disclose my eligibility status to the youth program coordinator.

Applicant's or Legal Guardian's Signature: _____ Date: _____

MSU IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

MSU HR OFFICE USE ONLY

Date Form Received: _____ Date CBC Completed: _____ Date Coordinator Informed: _____

MSU HR Staff Name and Signature: _____

ICHAT Record: Yes No OTIS Record: Yes No NSOPW Record: Yes No Eligible: Yes No