

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, Talent Planning & Admin, 1407 S. Harrison Rd, 140 Nisbet Bldg, East Lansing, MI 48823

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

Youth Program Name: KBS Volunteer Program	Youth Program Start Date: 1990's	Sponsoring MSU Unit Name & Org Number: Kellogg Biological Station 100025000
Youth Program Coordinator Name: Misty Klotz	Phone Number: 269-671-2263	Email Address: klotzmis@msu.edu

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

Last Name/Surname:	First Name/Given Name:	Middle Name:	
List any aliases and/or other legal names:			
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
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 crime? Yes No
 Are there criminal charges pending against you at this time? Yes 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 an 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 EMPLOYEE

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 N