## MICHIGAN STATE UNIVERSITY Human Resources

## Youth Program Criminal Background Check (CBC) Authorization Form

Completed forms can be submitted in the following ways: Email: <u>cbc@hr.msu.edu</u> 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)

Last Revised 09/24/2020

Youth Program Name: Kellogg Biological Station, Volunteer Program	Youth Program Start Date:		Sponsoring MSU Unit Name & Org Number Kellogg Biological Station 10002500/10032500			
Youth Program Coordinator Name: Misty Klotz/Sarah Reimer	Phone Number: 269-671-2263/269-671-5117		Email Address: klotzmis@msu.edu/reimersa@msu.edu			
Section 2. Youth Program Volunteer/Worker Information (Please Type or Print Legibly)						
Last Name/Surname: First Name/Given Name						
List any aliases and/or other legal names:						
			MSU NetID: Not applicable for volunteers			
Date of Birth (mm/dd/yyyy):			Male Female MSU Student: Yes No			
Local Address (Street):			Sta	ate:	Zip:	
Cell/Local Phone Number ( <i>with Area Code</i> ):			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? Yes No Are there felony 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 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:I	Date CBC Completed: _		Date Coordin	nator Informed: _		
MSU HR Staff Name and Signature:						
ICHAT Record: Yes No OTIS Record: Yes No NSOPW Record: Yes No Eligible: Yes No						