

**Youth Program Criminal Background Check (CBC) Authorization Form**  
 Completed forms can be submitted in the following ways: Email: [cbc@hr.msu.edu](mailto: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:		<b>MSU NetID:</b>
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?    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: \_\_\_\_\_ 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