

Youth Program Criminal Background Check (CBC) Authorization Form

Please return completed form by January 22nd at 5pm. Email to uab@rhs.msu.edu, or drop off to the UAB office located on the Ground floor of the MSU Union, M-F 9am-5pm

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

Youth Program Name: Sibs and Kids Weekend	Youth Program Start Date: February 2nd and 3rd, 2018.	Sponsoring MSU Unit Name & Org Number: University Activities Board, 10078844
Youth Program Coordinator Name: Rachel Brown and Sera Radovich	Phone Number: 517-355-3354	Email Address: uab@rhs.msu.edu

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:		
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Local Address (Street):	City:	State: 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: _____

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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