

**MICHIGAN STATE**  
**U N I V E R S I T Y**

**Volunteer Application and Background Check Authorization Form**  
**VOLUNTEER EVENT WORKERS**

Last Name, First, Middle		Social Security #:	Date of Birth:
Home Address (Street):		City:	
State:	Zip:	Home Phone with Area Code:	
Email Address:			

ARE YOU CURRENTLY EMPLOYED BY MICHIGAN STATE UNIVERSITY:       Yes       No  
HAVE YOU EVER BEEN EMPLOYED BY MICHIGAN STATE UNIVERSITY:       Yes       No

IF YES, PLEASE PROVIDE DEPARTMENT NAME AND REASON FOR TERMINATION:

\_\_\_\_\_

**ETHNICITY:**

Hispanic or Latino:       Yes       No

If no, please check all that apply:       = Black/African American       = American Indian/Alaska Native  
   = Asian                       = White                       = Native Hawaiian/Pacific Islander

GENDER:       Male       Female

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony?       Yes       No  
If yes, please fully describe the conviction including date(s):

**NOTE: The University will conduct a criminal record background check on all volunteers. A “yes” response will not automatically disqualify an individual from consideration. Each individual will be evaluated based on the nature of the crime, severity of offense, when it occurred, and the duties and responsibilities of the position for which an individual is being considered.**

**By signing this document, I authorize Michigan State University to conduct a criminal background check.**

I understand that I will not be allowed to begin working with MSU until the background check has been completed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Date