

# MOISD PLACEMENT/VOLUNTEER FORM

This portion is to be filled out by the MOISD supervisor requesting the placement.

In what capacity will the person be working (volunteer/field trip/MOCC CNA, etc.) \_\_\_\_\_

Will this be a: Internship \_\_\_ Externship \_\_\_ Observation \_\_\_

Capacity: OT \_\_\_ PSYCH \_\_\_ PT \_\_\_ Speech \_\_\_ SSW \_\_\_ Teacher 40hr \_\_\_ Teacher 80hr \_\_\_

Dates of internship/observation: \_\_\_\_\_

What college/university is requesting placement? \_\_\_\_\_

Department/Location where a person will be assigned: \_\_\_\_\_

Who will they be working with (students/staff)? \_\_\_\_\_

\_\_\_\_\_  
*Assistant Superintendent/Administrator Approval*      *Superintendent Approval*

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The following information is required to complete the ICHAT (please print):

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Any Alias/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Race: \_\_\_\_\_

Phone Number \_\_\_\_\_      Email \_\_\_\_\_

Address \_\_\_\_\_

**\*\*\*\* A copy of your driver's license must accompany this form.**

By signing below, I give the Mecosta-Osceola ISD permission to perform an ICHAT and agree that nothing in my past prevents me from being placed in a public school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*This portion is to be completed by the Superintendent's Executive Administrative Assistant.*

ICHAT COMPLETED ON (date) \_\_\_\_\_ Initials: \_\_\_\_\_

STATUS: \_\_\_ CLEARED \_\_\_ REJECTED