

**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, etc.) \_\_\_\_\_

Will this be an internship/observation: \_\_\_\_\_ OT \_\_\_\_\_ PSYCH \_\_\_\_\_ PT \_\_\_\_\_ Speech \_\_\_\_\_ SSW \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
*Superintendent Approval*

-----  
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** (Must be a signature)

\_\_\_\_\_  
**Date**

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

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

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