

**APPENDIX B: PLACEMENT INITIATION FORM**

**UMKC SCHOOL OF LAW  
Placement Initiation Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Supervisor Email Address: \_\_\_\_\_

Expected Start Date: \_\_\_/\_\_\_/\_\_\_

Expected End Date: \_\_\_/\_\_\_/\_\_\_

Expected Hours Per Week: \_\_\_\_\_

Expected Total Hours: \_\_\_\_\_

Employer Type: Nonprofit    Government    Firm    Private Attorney    Other

Nature of Work: Pro Bono and Public Service    Service to General Community

Service to Legal Profession

Category of Service: Uncompensated    Partially Compensated    Compensated

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please take a moment to read through the student guidelines on the following page, sign and date it, and return it along with this form to the Pro Bono Office.*