

## Agreement for Army Career Skills Program Individual Internship/ Approved DoD SkillBridge Program



\*This Agreement for Army Career Skills Program Individual Internship/Approved DoD SkillBridge Program is to be submitted with the Soldier Participation Memo\*

Part I: Soldier Overview (To be completed by Soldier)

1. Soldier Information:
a. Rank: Name:
b. Assigned Installation:
Overview of Company: Explain Company Background (headquarters location, years in business, accreditations (if any), number of employees, business/occupational industry)
3. <u>Overview of Proposed Program</u> : Explain the Program Format (position/career training is provided for, expected knowledge, skills and abilities required upon acceptance, program length, how will skills learned be measured, expected salary, funding for training, any out-of-pocket expenses)

4. <u>Training Specifics</u> : Include/attach training plan, if available. List training methods (virtual, in-person, remote). List expected topics to be trained on to include the specific knowledge, skills, and abilities (KSAs) you will be taught during the internship training. How will this training help you meet your expected qualifications for job placement?
I have contacted the prospective employer to obtain the information listed in blocks 2-4 above and verify I understand and believe I can successfully complete all necessary portions of the proposed training.
Soldier Rank: Soldier Name:
Soldier Digital Signature:

## Part II: Employer Agreement for Army CSP Individual Internship/ **Approved DoD SkillBridge Program**

By signature of this Agreement, the Employer agrees:

For:	
any reason, if it is determined to be in the Employer. The termination reason	oved DoD Skillbridge Program may be terminated for in the best interest of the Intern, the Commander, or and effective date will be reported to the CSP es (Intern, Commander or Employer) by the
Employer POC Name (First and Last):	
Employer Phone Number:	
Employer Email Address: Digital or Written Signature:	Date:

Date:

## Part III: Installation Legal Review (To be completed by Attorney)

	ing participation in a as noted in Part I ar		Internship/Approved DoD
		egal Office has conducte	ed a legal review of the
	nip packet and finds:	_	•
No Legal (			
_	ection(s) to participat	tion	
	, , , , ,		
	egal Review is Attach		
Le	gal Review Comme	nts/Objection(s) listed be	elow:
0.5.46			
2. Rank (if applical	ble) and Name of Atto	orney Reviewing Packet	<u>:</u>
	<del>-</del>		
Phone Number: _	<del></del>	_ Email:	
Installation:			
			Date:
_			

## Part IV: IMCOM Review

To be completed by HQ IMCOM or CSP Regional Coordinator based on the Soldier's Commander authorizing participation in the CSP Internship/DoD SkillBridge Program

. Name of IMCOM Representative:
Phone Number: Email:
nstallation:
Comments: (highlights of discussion points):

Digital Signature: \_\_\_\_\_ Date: \_\_\_\_