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: _____

c. Separation/Retirement Date: _____

d. Start Date: _____ e. End Date: _____

f. Duration (days): _____ g. Days Until Separation: _____

2. Overview of Company: Explain Company Background (headquarters location, years in business, accreditations (if any), number of employees, business/occupational industry)

3. **Overview of Proposed Program:** 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. **Training Specifics:** Include/attach training plan. 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: _____

The Installation Career Skills Program Counselor has reviewed this packet.

CSP Counselor Digital Signature: _____

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

By signature of this Agreement, the Employer agrees:

For: CSP Individual Internship

Eligibility criteria for training providers and Service Members is outlined in Army Regulation (AR) 600-81 and Department of Defense Instruction (DoDI) 1322.29

-To teach the CSP Intern job responsibilities, new skills and practices specific to the business/industry.

-CSP Intern will work under the close supervision of the staff at the organization for the duration of the program.

-Internship will consist of work experience at entry-level positions.

-CSP Interns will work no more than 40 hours in any given week.

-CSP Interns shall not receive compensation of any kind from the Employer.

-The internship is for the benefit of the CSP Intern and even though the internship includes actual operations of the Employer, training is similar to training which would be given in an educational environment.

-CSP Intern does not displace regular employees, but works under close supervision of existing staff.

-The Employer that provides the training derives no immediate advantage from the activities of the Intern and on occasion its operations may actually be impeded.

-CSP Interns shall not be required to purchase any materials or be charged a fee as a requirement for the internship.

-CSP Intern shall not be involved in the selling of goods or services to any Soldier, or a Family member of a Soldier junior in rank, grade or position to the Soldier Intern, per Par. 2-205, Joint Ethics Regulation. For the purpose of this provision, goods and services include, but are not limited to vehicles, recreational vehicles, real estate, rental properties, time shares, investment products, life insurance, health insurance, vehicle

This Army CSP Individual Internship/Approved DoD Skillbridge Program may be terminated for any reason, if it is determined to be in the best interest of the Intern, the Commander, or the Employer. The termination reason and effective date will be reported to the CSP Regional Coordinator and other parties (Intern, Commander or Employer) by the terminating party immediately.

Employer POC Name (First and Last): _____

Employer Phone Number: _____

Employer Email Address: _____

Digital or Written Signature: _____ Date: _____

Part II: Employer Hold Harmless Agreement for Firearms or Law Enforcement

For CSP programs or individual internships that include the use of firearms or are for Law Enforcement, the provider must agree to following:

The provider agrees to release, indemnify, and hold harmless the Government and U.S. Army Installation Management Command for damages to property or injuries to persons which may arise from, or incident to, firearms training or use as part of a Skill Bridge Program internship. This indemnification also applies to damages to the property of the sponsoring activity for damages to the property or injuries to officers, agents, or employees or others who may be on the premises at their invitation or the invitation of any one of them. The provider further agrees to hold the Government harmless from and indemnify same for any final judgment of a court of competent jurisdiction to the extent attributable to the negligence of the interning Soldier, the provider, its officers, employees, and agents when acting within the course and scope of their employment. This Release, Indemnification, Hold Harmless Agreement, and Agreement Not to Sue shall be interpreted according to Federal law. It is to be construed as broadly and inclusively as is permitted by relevant Federal law.

Digital or Written Signature:_____Date: _____

Printed Name & Title: _____

Phone Number: _____ Email: _____

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

1. Soldier is requesting participation in an Army CSP Individual Internship/Approved DoD SkillBridge Program as noted in Part I and II

The Approving Authority Servicing Legal Office has conducted a legal review of the Soldier's Internship packet and finds:

☐ No Legal Objection.

☐ Legal Objection(s) to participation.

☐ Legal Review is Attached

☐ Legal Review Comments/Objection(s) listed below:

2. Rank (if applicable) and Name of Attorney Reviewing Packet:

_____

Phone Number: _____ Email: _____

Installation:_____

SJA Digital Signature: _____ Date: _____

Part IV: IMCOM Review

To be completed by HQ IMCOM Transition Specialist, alternate: Transition Service Manager (TSM), Transition Service Specialist (TSS) based on the Soldier's Commander authorizing participation in the CSP Internship/DoD SkillBridge Program

1. Name of IMCOM Representative: _____

Phone Number: _____ Email: _____

Installation: _____

Comments: (highlights of discussion points):

Digital Signature: _____ Date: _____