



The purpose of this form is to capture internship requests from organizations participating in the Operation Warfighter Program (OWF). This form will aid OWF Regional Coordinators in effectively matching recovering Service members with internship opportunities. The participating organization must complete and digitally sign this form. The form must then be saved and e-mailed as an attachment to the appropriate OWF Regional Coordinator.

Part A – Organization Information

Name of Organization: _____

Organization Mission/Description: _____

Organization HR/OWF Administrator Name: _____

Job Title: _____

Telephone: _____ E-Mail: _____

Part B – Intern Supervisor Point of Contact

Name: _____

Job Title: _____

Telephone: _____ E-Mail: _____

Part C – Internship Overview

Internship Title: _____

Internship duties and responsibilities: _____

Desired qualifications and skills of interns: _____

Number of interns you would like to host: _____

Internship Address: _____

Minimum length of time for internship: _____

Minimum level of security clearance needed for internship: _____

Is worksite close to public transportation? Yes No

If yes, please provide details:



Is parking available? Yes No

If yes, how does the Organization plan to accommodate parking?

Is suitable space / equipment available for the intern? Yes No

If yes, is it adaptive to accommodate the intern's potential needs? Yes No

Part D - Please check all that apply to the work environment:

| | | | | |
|--|--------------------------------------|---------------------------------------|---|---|
| Wheelchair Accessible | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Multitasking | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Entry-level administrative work (filing, shredding, phone messaging, etc) | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Public interaction | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Computer Work | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| | | | | |
| Lifting | 0-10 pounds <input type="checkbox"/> | 10-20 pounds <input type="checkbox"/> | Over 20 pounds <input type="checkbox"/> | |
| Lifting Degree | Waist high <input type="checkbox"/> | Overhead <input type="checkbox"/> | Repeated <input type="checkbox"/> | |
| Office Pace | Slow <input type="checkbox"/> | Moderate <input type="checkbox"/> | Fast <input type="checkbox"/> | |
| Office Noise Level | Low <input type="checkbox"/> | Moderate <input type="checkbox"/> | High <input type="checkbox"/> | |
| Workspace | Cubicle <input type="checkbox"/> | Office <input type="checkbox"/> | Open <input type="checkbox"/> | |
| Level of Supervision | Minimal <input type="checkbox"/> | Moderate <input type="checkbox"/> | High <input type="checkbox"/> | |
| | | | | |
| Walking | None <input type="checkbox"/> | Minimal <input type="checkbox"/> | Often <input type="checkbox"/> | Uneven Terrain <input type="checkbox"/> |
| Lighting | Low (dim) <input type="checkbox"/> | Bright <input type="checkbox"/> | Flourscent <input type="checkbox"/> | Adjustable <input type="checkbox"/> |
| Environment | Humidity <input type="checkbox"/> | Fumes <input type="checkbox"/> | Dust <input type="checkbox"/> | Shavings <input type="checkbox"/> |
| | Heat <input type="checkbox"/> | Cold <input type="checkbox"/> | Indoor <input type="checkbox"/> | Outdoor <input type="checkbox"/> |



Part E – Disclaimer

I (Organization) understand that the OWF Regional Coordinator in my region will make every effort to match my Organization with an intern(s); however, I understand that completing this request form does not guarantee a placement. I further understand that for each OWF Intern, the Organization and recovering Service member will design and agree upon an Intern Development Plan (IDP) which will be reviewed 120 days after the start of the internship, and again at the end of the internship, resulting in a Record of Achievement noting the recovering Service member's accomplished tasks, goals, trainings, certifications, learned skills, etc. I understand that the signed IDP will be given to the Service member and a copy given to the OWF Regional Coordinator.

Part F – Terms and Conditions

The recovering Service member (Intern) and the Organization understand that:

- The Intern shall receive no remuneration (pay and/or benefits) of any kind whatsoever from the Organization, shall not work nights, holidays or overtime hours, nor earn leave from the Organization while rendering gratuitous services under this Agreement.
- This internship is for training and vocational purposes to assist in the transition and rehabilitation process.
- This Agreement does not guarantee the appointment of the Intern to any position with the Organization.
- The Intern shall undergo an appropriate background investigation if necessary prior to placement.
- The Intern shall observe all Organization rules governing conduct, safety, honesty, integrity, and the confidentiality of records during the performance of services under this Agreement.
- The Organization may terminate the internship with a written cause at any time.
- The Intern remains subject to the Uniform Code of Military Justice and all applicable DoD and Service Directives, Instructions and Regulations. The Organization will ensure violations are documented and forwarded in accordance with standard protocols to ensure privacy and chain of custody for relevant documentation so the Service may pursue appropriate disciplinary action if necessary.

Part G – Signature

Organization Representative/Supervisor: _____

Date: _____