



Operation Warfighter Placement Form

This document is used to capture critical information about each Intern placement. The organization's Internship Program Coordinator is responsible to review and complete this document prior to the start of an internship. Once it is complete, the organization's Internship Program Coordinator and Intern digitally sign the document to confirm the accuracy of the information and acknowledge their agreement with the outlined terms and conditions. The signed document should then be e-mailed as an attachment to the Regional Coordinator.

Part A – Service Member Information

Name (e.g., John Smith): _____
Rank _____
Mobile Number _____ Email _____
Unit Point of Contact Name: _____
Phone _____ Email _____

Part B – Organization Information

Supervisor Name _____
Telephone _____ Email _____
Organization _____ Sub-component _____
Work Address _____

Part C – Responsibilities

The Intern's responsibilities under this Agreement are:

- To perform the duties listed in Intern Development Plan (IDP).
- To adhere to all organization standards and policies including those relating to conduct, safety, honesty, integrity, and confidentiality of records.

The Organization's Internship Program Coordinator responsibilities under this Agreement are:

- To provide a suitable work space and/or equipment for the Intern to perform the services under this Agreement
- To provide relevant duties and sufficient guidance to afford the Intern the opportunity to successfully perform those duties ensuring a positive contribution to the organization's mission and creating a "success" environment.
- In conjunction with the intern; create an Intern Development Plan, and meet to review progress after the initial 30 days.
- Provide a Record of Achievement at the end of the internship noting accomplished tasks, goals, training, certifications, skills, and other quantifiable data.

Part D– Duties & Internship Schedule (please list)

The Intern performs the duties listed in the IDP according to the following proposed schedule. The Organization’s Internship Program Coordinator understands that this schedule is flexible according to the treatment, rehabilitation and military requirements schedule of the Intern. Under no circumstance will any internship assignments interfere with an intern’s medical treatment or adversely affect the well-being of an intern.

Projected Work Schedule (days and hours per week):

Monday		Tuesday		Wednesday		Thursday		Friday	
From:	To:	From:	To:	From:	To:	From:	To:	From:	To:

Intern Start Date _____ **Projected End Date** _____

Duty Description _____

Part E – Terms and Conditions

The wounded, ill, and injured Service member (Intern) and the Organization’s Internship Program Coordinator understand that:

- The Intern will 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 will undergo an appropriate background investigation only if necessary prior to placement.
- The intern will observe all organizational rules governing conduct, safety, honesty, integrity, and the confidentiality of records during the performance of services under this Agreement.
- The internship may only be terminated after a discussion between the Regional Coordinator and the Organization’s Internship Program Coordinator.

Part F – Signatures

The signatures below validate the voluntary participation in the Operation Warfighter and Education & Employment Initiative Program.

Recovering Service Member (Intern)	_____	Date	_____
Organization’s OWF Administrator/Supervisor:	_____		_____
OWF Program Manager or Regional Coordinator:	_____		_____