



**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: _____

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, 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: _____

The Career Skills Program Installation Administrator has reviewed this packet.

Digital Signature: _____

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

By signature of this Agreement, the Employer agrees:

For:

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 III: Installation 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 or CSP Regional Coordinator 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: _____