



# 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)**

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### **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: \_\_\_\_\_

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

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

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**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: Installation Legal Review (To be completed by Attorney)**

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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

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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: \_\_\_\_\_