



CSP Individual Internship Agreement



The CSP Individual Internship Agreement 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.

Digital Signature: _____

Part II: Employer Individual Internship Agreement (To be completed by Employer)

By signature of this Agreement, the Employer agrees:

- To teach the CSP Intern job responsibilities, new skills and practices specific to the business/industry;
- CSP Interns will work no more than 40 hours in any work 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 Interns shall not be required to purchase any materials or be charged a fee as a requirement for the internship;
- The 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 includes, but is not restricted to, vehicles, recreational vehicles, real estate, rental properties, time shares, investment products, life insurance, health insurance, vehicle insurance, property and casualty personal insurance, business and commercial insurance;
- No participant will be required or permitted to work or train in buildings or surroundings under working conditions which are unsanitary, hazardous, or dangerous to the participant's health or safety.
- To take daily attendance of the CSP Intern and report attendance to CSP Representative upon request
- The Employer shall notify the CSP Representative immediately if the CSP Intern is injured at the worksite.

This CSP Internship may be terminated when, for any reason, it is determined to be in the best interest of the Intern, USAG or the Employer. The termination reason and effective date will be reported to the others 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 JAG Review (To be completed by JAG Officer)

1. Soldier is requesting participation in a CSP Individual Internship 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 objections to their participation.

Legal Review is Attached

Legal Review Comments listed below:

The Approving Authority Servicing Legal Office has conducted a legal review of the Soldier's Internship packet and finds legal objection(s) to their participation.

Legal Review is Attached

Objection(s) to participation include:

2. Rank/Name of JAG Officer Reviewing Packet: _____

Phone Number: _____ Email: _____

Installation: _____

Digital Signature: _____ Date: _____

Part IV: IMCOM Review (To be completed by HQ IMCOM or CSP Regional Coordinator)

1. Name of IMCOM Representative: _____

Phone Number: _____ Email: _____

Installation: _____

Comments: (highlights of discussion and/or site visit with internship provider):

Digital Signature: _____ Date: _____