



**OPERATION  
WARFIGHTER**  
Intern Request Form



The purpose of this form is to capture internship requests by participating organization in Operation Warfighter (OWF). This form will aid OWF Coordinators in effectively matching recovering Service members with internship opportunities.

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 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 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



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*If yes, please provide details:*

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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 – Disclaimer**

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I (Organization) understand that the OWF 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 after 120 days after the start of the internship and at the end of the internship period which will result 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 Coordinator.

**Part E – Terms and Conditions**

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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 anytime.
- 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 Public Key Infrastructure (PKI) protocols to ensure privacy and chain of custody for relevant documentation so the Service may pursue appropriate disciplinary action.

**Part F – Signature**

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Organization Representative/Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_