



**Part A - Recovering Service Member (RSM) Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Installation: \_\_\_\_\_ Location (if different from Installation): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Separation Date (Estimate): \_\_\_\_\_ Clearance Status:  Secret  Top Secret  TS/SCI

Does the RSM have transportation, or able to use public transportation, in the local area?  Yes  No

*Comments:* \_\_\_\_\_

How long does the RSM anticipate being able to intern in the local area? \_\_\_\_\_

**Part B – Terms and Conditions:**

With my signature herein, I hereby affirm that I understand the following:

- I understand this temporary assignment is for training and vocational purposes required during my medical rehabilitation. I will not be paid for this internship.
- While I am not required by the USMC to participate in a work program, I have voluntarily chosen the OWF program.
- The USMC or the participating Organization may terminate my OWF internship for medical or other cause at any time.
- If I feel that the work assignment is not meeting my needs, I may discuss this with my chain of command or the OWF Coordinator.
- I understand my participation in the OWF Program does not guarantee permanent employment with any Organization.
- If I submit my resume, the personal information contained will be disseminated to Organizations with open OWF Internships. Submitted information is maintained and destroyed according to the principles of the Federal Records Act and the regulations and records schedules of the National Archives and Records Administration and in some cases may be covered by the Privacy Act and subject to the Freedom of Information Act.

**Signature:** \_\_\_\_\_

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



**Part C – Signatures :**

Unit Transition Coordinator:

<input type="checkbox"/> Concur	_____	_____	_____
<input type="checkbox"/> Nonconcur	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Section Leader:

<input type="checkbox"/> Concur	_____	_____	_____
<input type="checkbox"/> Nonconcur	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Detachment OIC:

<input type="checkbox"/> Concur	_____	_____	_____
<input type="checkbox"/> Nonconcur	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Battalion Commander:

<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Disapprove	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

**Please return to Transition Coordinator or Wounded Warrior Program POC upon completion.**

**This is a Department of Defense Operation Warfighter form. Please note that the above contents may not be edited or changed in any way. Military Installations or Wounded Warrior Units may include additional signatures and/or requirements in the section below:**