OFFICE OF WARRIOR CARE POLICY

OWF OPERATION WARFIGHTER

OPERATION WARFIGHTER

Approval for Participation—USMC

Installation: _____

Part A – Recovering Service Member Information

Last Name: _____ **First Name:** _____ **Rank:** _____

Unit: _____ **Location *(if different from Installation)*:** _____

Service: _____ **Component:** ☐ Active ☐ Guard ☐ Reserve

Telephone: _____ **Email:** _____

Separation Date *(Estimated)*: _____

Clearance Status: ☐ Confidential ☐ Secret ☐ Top Secret ☐ Other

Does the Service member have transportation, or able to use public transportation, in the local area?

☐ Yes ☐ No Explain: _____

How long does the recovering Service member anticipate being able to intern in the local area?

_____

Part B – Terms and Conditions

With my signature below I _____, hereby affirm and/or understand that:

- I have voluntarily chosen to participate in this program and I will not be paid for this internship.
- The primary purposes of this internship are work therapy and work hardening.
- A secondary purpose of this internship is exposure to civilian employment practices/opportunities in a federal agency.
- My OWF internship may be terminated for cause at any time.
- If this internship does not meet with my needs and/or my satisfaction, I must *first* discuss my concerns with my chain of command *and* the OWF Coordinator before my participation is terminated; I *may not* simply choose to terminate my intership without first discussing my concerns with my chain of command *and* the OWF Coordinator.
- My participation in an OWF internship does not gurantee permanent employment with any Organization.
- My personally identifiable information (PII) I have provided in my application and resume will be shared with Organizations and open OWF internship positions. My PII will be maintained and destroyed in accordance with the provisions 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

NCM and/or OT Recommendation:

☐ Concur
☐ Non-Concur

_____ *Print Name* _____ *Signature* _____ *Date*

Phone: _____ Email: _____

SL Recommendation:

☐ Concur
☐ Non-Concur

_____ *Print Name* _____ *Signature* _____ *Date*

Phone: _____ Email: _____

TC Acknowledgement:

☐ Concur
☐ Non-Concur

_____ *Print Name* _____ *Signature* _____ *Date*

Phone: _____ Email: _____

Command Decision:

☐ Concur
☐ Non-Concur

_____ *Print Name* _____ *Signature* _____ *Date*

Phone: _____ Email: _____

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

This is a Department of Defense Operation 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: