



Operation Warfighter (OWF) Application

Part A – Wounded, Ill, and Injured Service Member Information

Last Name	First Name	Rank
Installation		
Unit of Assignment <i>(if different from installation)</i>		DoD ID
Telephone	Email	
Service	Component: Active	Guard Reserve

Separation Date (estimated)

Warrior Care program enrollment

Are you enrolled in the Integrated Disability Evaluation System (IDES)? Yes No

Clearance Status

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

Yes No Explain:

What is your estimated availability for a local internship?





Part B – Terms and Conditions

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

- I am voluntarily participating in this unpaid internship program.
- The primary purpose of this internship is to provide professional development and transitional work experience.
- The secondary purpose is to offer exposure to civilian employment and career opportunities within a federal agency.
- My OWF internship may be terminated for cause at any time.
- I understand that I may not unilaterally terminate my internship. Should the internship not meet my expectations, I agree to first discuss my concerns with my chain of command and the OWF Coordinator to seek a resolution before ending my participation.
- Participation in an OWF internship does not guarantee an offer of permanent employment.
- My Personally Identifiable Information (PII) from my application and resume will be shared with organizations to facilitate my OWF internship placement. My PII will be maintained and destroyed in accordance with the Federal Records Act and the National Archives and Records Administration (NARA) record schedules. Furthermore, this information may be covered by the Privacy Act and subject to the Freedom of Information Act (FOIA).
- Upon placement with a federal agency, I will be provided with an OWF Placement Form that outlines the details of the internship. Once all organizations have signed, I will submit the form to my chain of command.

Signature _____

Date _____





Part C – Signatures

Primary Care Manager / Designated Medical Representative

Internship will not interfere with service member’s medical requirements:

Concur	Print Name	Signature	
Non-concur	Phone	Email	Date

Command Decision (UCMJ Authority):

- Once placed with an agency, the service member is required to submit a copy of the signed OWF Placement Form to their chain of command, detailing the parameters of the internship, including supervisor’s contact information, location, duty description, projected work schedule, start date of internship, and projected end date.
- Command support of the program is critical in the service members’ personal and professional development.
- While the command may occasionally require the service member to support operations, it is strongly encouraged that these occasions be minimized to allow the service member to fully benefit from the internship program.

Concur	Print Name	Signature	
Non-concur	Phone	Email	Date

Please return the completed Approval for Participation Form to your OWF Regional Coordinator for disposition.

This is a Department of Defense Operation Warfighter document. Previous contents may not be edited or changed in any way. Additional comments from Medical or Command may be inserted in the field below:

