

(ADD) Figure A16.1. APPLICATION FOR CAREER SKILLS PROGRAM PARTICIPATION

Application for Career Skills Program Participation

PLEASE NOTE: Complete all parts of the application. If your application is incomplete, your request to participate in a Career Skills Program may not be processed and approved.

Participant's Name: \_\_\_\_\_  
Last First MI

Rank/Pay Grade: \_\_\_\_\_

Organization/Office Symbol: \_\_\_\_\_

Type of CSP (check one):  Apprenticeship  Internship  Job Shadow  OJT

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Days of Training: \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

Name of CSP Provider: \_\_\_\_\_

CSP Provider Address: \_\_\_\_\_  
Street City State Zip

CSP Provider POC: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name/Rank of Education Staff Member: \_\_\_\_\_  
(Print Clearly)

Education Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY/MM/DD

(ADD) Figure A16.2. MEMORANDUM OF CAREER SKILLS PROGRAM PARTICIPATION

BETWEEN TRANSITIONING AIRMAN AND UNIT COMMANDER

Memorandum of Career Skills Program Participation Between  
Transitioning Airman and Unit Commander

Airman: I understand that my election of this option allows me to participate in a Career Skills Program in accordance with the terms of the CSP provider. I must maintain satisfactory progress and attendance throughout my period of enrollment and uphold all military standards and accountability requirements while enrolled. I understand that my participation in this program may be terminated at any time for unit mission requirements or disciplinary reasons. I understand I am not eligible to receive from the CSP provider wages, training stipends, or any other form of financial compensation for the time I spend participating in the program. I also understand that I am strongly encouraged to consider all job offers associated with my successful completion of this program. Further, I understand that I will release my contact information and allow Air Force representatives to contact me after expiration of term of service/retirement concerning my employment associated with completion of this program.

\_\_\_\_\_  
Airman Print and Sign Date: \_\_\_\_\_  
YYYY/MM/DD

Airman's Permanent Civilian Email: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ (area code and 7-digit number)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Days of Training: \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

Date of Separation/Retirement: \_\_\_\_\_ Separation/Retirement Order No. \_\_\_\_\_  
YYYY/MM/DD

Commander: Airman is within 180 days from separation/retirement and approved to participate in this apprenticeship/internship program, given mission requirements as determined by me. I understand that the Airman is required to uphold military standards and that I will maintain accountability of this Airman while he/she participates in this program. I will determine participation in unit formations, physical readiness training, and other unit requirements, as appropriate, while ensuring this Airman's full participation in this training program. Finally, I understand that I may terminate the Airman's participation at any time for unit mission requirements or disciplinary reasons.

\_\_\_\_\_  
Commander's Signature Date: \_\_\_\_\_  
YYYY/MM/DD

(ADD) Attachment 17

(ADD) SAMPLE MEMORANDUM OF UNDERSTANDING BETWEEN AIR FORCE  
INSTALLATION AND EMPLOYER/INDUSTRY/ORGANIZATION

(ADD) Figure A17.1. SAMPLE MEMORANDUM OF UNDERSTANDING  
BETWEEN AIR FORCE INSTALLATION AND  
EMPLOYER/INDUSTRY/ORGANIZATION

SAMPLE MEMORANDUM OF UNDERSTANDING  
BETWEEN  
AIR FORCE INSTALLATION  
AND  
EMPLOYER/INDUSTRY/ORGANIZATION

1. PURPOSE. This memorandum of understanding establishes the parameters for cooperative support between (base or installation name) and (organization) for the recruitment of transitioning (base and installation name) Airmen who are separating or retiring from the United States Air Force for the purpose of providing \_\_\_\_\_ training under the (name of program).

2. PARTIES INVOLVED

a. (Base and installation name) is a U.S. military base, including Air Force (base and installation name), located in and around (city, State).

b. (Insert name and data about employer/industry/union representative.)

c. (Insert name and information about the program.)

3. RESPONSIBILITIES OF THE PARTIES

a. (Base and installation name) agrees to:

(1) Allow selected active duty Airmen to attend training classes and sessions at (place and name of training) for (how long it is conducted).

(2) Designate a (base and installation name) representative to maintain continuing liaison with the designated liaison representative for (organization).

(3) Ensure that the training facility provides reasonable training place accommodations for any participating Airman's disabilities.

b. The (organization setting up the program) agrees to:

(1) Be responsible for the placement of eligible students into the (name of program).

(2) Determine student eligibility for the (name of program).

(3) Make a concerted effort to provide job placement to all Service members who successfully complete the (name of program) through referral to an appropriate (name of organization). (Name of organization) commits that this program is highly likely to result in employment for the participants and, when necessary, this employment will provide reasonable accommodations for participating Airman's disabilities

(4) Provide the networking and connecting functions that are essential to successful employment and rewarding careers.

c. The (organization setting up the program) agrees to:

(1) Assume overall responsibility for the execution of the (name of program), which will consist of an (XX)-week course in (field name), resulting in the awarding of several (name of certifications received by Service member). All (XX) weeks of the course will be conducted at the (name of training facility). The (name of organization) will provide a dedicated training team, qualified instructors, training material, equipment, and quarterly program metrics to (base and installation name). (Name of organization) will also maintain attendance records for all training sessions and will submit report no less often than biweekly to (base and installation name office). The (name of organization) will also report completion and job placement rates.

(2) Appoint and designate an on-base representative for the (name of program training facility) to maintain liaison with the (base and installation name) representative.

(3) Notify DoD Skill Bridge (in the Office of the Under Secretary of Defense (Personnel and Readiness) at [info@dodskillbridge.com](mailto:info@dodskillbridge.com) about (name of program) within two (2) weeks of the signing of this memorandum of understanding, which will enable (organization setting up the program) to receive guidance on posting the training opportunities on the DoD SkillBridge application.

#### 4. TERMINATION

a. This agreement may be terminated by either party with 30 days written notice to the other party.

b. (Base and installation name) may terminate this agreement without notice if (base and installation name) determines, at its sole discretion, that it is no longer able to meet the terms of this agreement based on military operational requirements or national emergency.

c. (Base and installation name) may terminate this agreement if (name of organization) is in default of any material provision of this agreement provided that the defaulting party will have 10 days to cure any such default.

5. NONENDORSEMENT. In accordance with the Joint Ethics Regulation, (base and installation name) is prohibited from endorsing or implying that it will endorse any non-Federal entity,

event, product, service or enterprise. The parties recognize that this agreement does not represent (base and installation name's) endorsement of any other party to this agreement.

6. LIABILITY. The U.S Air Force is self-funded for liability purposes. The (name of organization) is solely responsible for any injury, damage or loss sustained or incurred by any person as a result of any course of activity requirement, demonstration or exercise, or by the acts or omissions of their employees. (Name of organization) agrees that it will fully indemnify the Air Force and/or the U.S. Government for any loss, judgment or expense resulting from any action filed against it or them in any jurisdiction arising from activities for which the (name of organization) is solely responsible.

7. NO WAIVER. No failure to exercise, and no delay in exercising, any right, power or remedy hereunder on the part of the Air Force, (base and installation name), the (name of organization) will operate as a waiver thereof, nor will any single or partial exercise of any right, power or remedy prevent any other or further exercise thereof or the exercise of any other right, power or remedy. No expressed waiver will affect any event or default other than the event or default specified in such waiver, and to be effective, any such waiver must be in writing and will be operative only for the time and to the extent expressly provided by the Air Force, (base and installation name), and the (name of organization) therein. A waiver of any covenant, term or condition contained herein will not be construed as a waiver of any subsequent breach of the same covenant, term or condition. Nothing in this agreement will be construed as a waiver of any sovereign immunity of the Air Force or (base and installation name).

8. INTEGRATED AGREEMENT/MODIFICATION. This agreement, upon execution, contains the entire agreement of the parties. No prior agreement, written or oral, can alter these provisions, and any changes to this agreement must be made in writing and agreed to by both parties.

9. EFFECTIVE DATE: This memorandum of understanding is effective upon the date of the last signature of the undersigned and will remain in effect until amended, revised, superseded or terminated by mutual consent.

\_\_\_\_\_  
Print Name of Installation Commander

\_\_\_\_\_  
Print Name of CSP Representative

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date