



# Checklist for SkillBridge Internship

## Overview

Congratulations! You're taking the first step to establishing a new talent pipeline!

"Through the SkillBridge program industry partners benefit from gaining early access to the extensive experience, skills, and unmatched work ethos service members bring to the workforce. Employers craft SkillBridge programs to meet their specific workforce needs, matching those needs to the skills and abilities of highly motivated service members, all at no cost, up to 180 days before their separation date from the Service."

In partnering with Elevate Rapid City, you can pursue SkillBridge interns prior to becoming a DoD approved industry partner yourself. As an already-approved provider ourselves, Elevate Rapid City will serve as an "umbrella" to local employers in which we will engage with DoD as the intern's official "employer," and then enter into a learning agreement with you, the company, in which the intern will report to your facility and learn in your environment. Consider us a conduit! This will give you the best opportunity to "test-drive" the program, up to two times via Elevate's "umbrella" before eventually applying to become an approved DoD employer.

## Reminders:

- "The DOD wants the best possible outcomes for their members: not just short-term jobs, but careers with good pay and opportunities for advancement just as they had while in the Service." Therefore, pursuing an intern through the SkillBridge program should be considered the first step for full-time employment and not "free labor for short-term employment."
- Interns should have a reasonable expectation for employment with the company after completion of the SkillBridge internship, but a job offer is not required if determined to not be a "good fit."

## Checklist for Success

- Communicate with interested SkillBridge participant to determine if there is a fit for your organization for this person
- If interested in moving forward with SkillBridge Internship, execute Elevate Rapid City's On-The-Job Learning Agreement (OLA)
- Draft Internship Offer Letter (IOL) and Training Plan for the interns role with your organization, provide to Elevate Rapid City and intern
- Intern will use OLA, IOL and Training Plan to apply for internship through the Memorandum of SkillBridge Participation (MSP) form with their base
- Once SkillBridge is fully approved, remain in contact with intern and confirm attendance on internship start date
- Check in with Elevate Rapid City periodically to report progress and share feedback
- At end of SkillBridge, report to Elevate Rapid City if a job offer was made and total number of hours completed during internship
- Transition your intern to full-time employment - if they are the right fit!



## DOD SKILLBRIDGE PROGRAM INTERNSHIP AGREEMENT

Service Member's Name: \_\_\_\_\_ SkillBridge Start : \_\_\_\_/\_\_\_\_/\_\_\_\_

Internship Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer Contact: \_\_\_\_\_ Title: \_\_\_\_\_

### **SERVICE MEMBER RESPONSIBILITIES**

- I agree to abide by the policies and procedures given to me by the work site, my commander, and the SkillBridge Program MOU.
- I agree to conduct myself in a responsible and courteous manner and treat my supervisor(s) and coworkers with respect.
- I agree to provide a monthly progress report, and attend meetings as requested.
- I understand other parties may be contacted by the Elevate Rapid City representative regarding my progress in the internship.

---

SERVICE MEMBER SIGNATURE

DATE

### **HOST EMPLOYER RESPONSIBILITIES**

- I agree to provide a copy of the training plan to abide by the policies and procedures as they pertain to me as outlined in the SkillBridge MOU.
- I agree to provide supervision of the intern and training as outlined in the training plan.
- I agree to advise ERC staff of any problems arising with the participant, e.g. attitude, respect of others, absences.
- I agree to provide a monthly progress report and attend meetings with the ERC staff, and the Intern as requested.

---

HOST EMPLOYER SIGNATURE

DATE

### **ELEVATE RAPID CITY (ERC) STAFF RESPONSIBILITIES**

- I agree to monitor progress with the On-the-Job learning on a regular basis.
- I agree to support the participant and the work site and provide support when needed.

---

ELEVATE RAPID CITY SIGNATURE

DATE

# Skillbridge Training Plan Template

Participant Name	Company Name	Skillbridge Dates

Objective	Anticipated Dates	Anticipated Hours
Onboarding & Orientation		
Example: Company Policies & Expectations	6/5/23 - 6/9/23	40
Total Hours	6/5/23 - 6/9/23	40
Observation		
Total Hours		
Introductory Training		
Total Hours		
Technical Training		
Total Hours		
Self-Paced Independent Training/CBTs		
Total Hours		
Operations		
Total Hours		

Internship Completion
Total Hours

[Your Company's Letterhead]  
[Date]

[Intern's Name]  
[Intern's Address]  
[City, State, ZIP Code]

Dear [Intern's Name],

#### RE: OFFER OF INTERNSHIP - SKILLBRIDGE PROGRAM

We are pleased to offer you an internship opportunity at [Your Company Name] under the SkillBridge Program. We were impressed by your qualifications and believe that your skills and experience will contribute significantly to our team.

##### *Duration and Start Date:*

The internship will begin on [Start Date] and will last for a duration of [Number of Weeks/Months]. Please note that this duration may be subject to adjustment based on the requirements of the SkillBridge Program.

##### *Internship Position:*

Your role during the internship will be as a [Internship Position]. In this position, you will be working closely with our [Department/Team] to gain valuable hands-on experience and contribute to various projects. Your responsibilities will include [Provide a brief description of the internship tasks and duties].

##### *Supervision and Mentorship:*

Throughout the internship, you will be supervised by [Supervisor's Name], who will provide guidance and support to ensure a successful learning experience. Our team is committed to your professional growth and will provide mentorship to help you develop your skills and knowledge in [Internship Field].

##### *Working Hours:*

The internship will require you to work [Number of hours] per week, with a typical work schedule of [Start Time] to [End Time]. However, please note that flexibility may be required based on project deadlines or specific tasks.

##### *Confidentiality and Intellectual Property:*

During the course of your internship, you may have access to confidential information and proprietary materials. It is important that you maintain the utmost confidentiality and abide by all relevant policies and agreements to protect our company's intellectual property and sensitive information.

##### *Acceptance of Offer:*

To accept this internship offer, please sign and return a copy of this letter by [Acceptance Date]. If you have any questions or need further clarification, please do not hesitate to contact me at [Contact Information].

We are excited to have you join our team and believe that this internship will be a valuable learning opportunity for you. We look forward to working with you and wish you success in your internship.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company Name]  
[Your Company Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

[Signature]

---

New Hire Signature

---

Date

# Memorandum of SkillBridge Participation Between Transitioning Airman and Unit Commander

Participants Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Civilian Email: \_\_\_\_\_

Rank: \_\_\_\_\_ Service Component: \_\_\_\_\_ Base: \_\_\_\_\_

Primary AFSC: \_\_\_\_\_ Office Symbol: \_\_\_\_\_

Date of Separation/Retirement: \_\_\_\_\_ Separation/Retirement Order No.: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ed Center: \_\_\_\_\_

Commander: \_\_\_\_\_

AFRC: \_\_\_\_\_

## Program Information

Type of Program: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

SkillBridge Training Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_

Relocation and House Hunting Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_

Terminal Leave Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_

Overall Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_

## SkillBridge Provider

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

Provider Address: \_\_\_\_\_

Street

City

State

Zip

Is the SkillBridge Provider location outside the vicinity of the primary duty station?: \_\_\_\_\_

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

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

Training Location \_\_\_\_\_

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

## Memorandum of SkillBridge Participation Between Transitioning Airman and Unit Commander

### **Memorandum of Understanding**

#### **Member:**

I have completed the required DoD SkillBridge Ethics Briefing. I understand I must complete the mandatory Exit Survey after training completion. I understand that my election of this option allows me to participate in SkillBridge in accordance with the terms of the SkillBridge 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 a personnel replacement will not be received until DOS/DOR and acknowledge that participation in this program may be terminated at any time for unit requirements or disciplinary reasons. I understand I am not eligible to receive wages, training stipends, or any other form of financial compensation, from the SkillBridge provider, for the time I spend participating in the program. I understand that I am strongly encouraged to consider all job offers associated with my successful completion of this program and understand that I can accept job offers while on Terminal Leave. 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 the completion of this program. I understand that all approved participants are required to be in PTDY status during training, until converting to Terminal Leave. IAW AFI AFI 36-3003, Table 3.6, Rule 23. I understand that I will complete all mandated Transition Assistance Program requirements prior to SkillBridge Participation.

#### **Member Signature:** \_\_\_\_\_

#### **Commander:**

I certify that the training program starts within 180 days from separation/retirement date. I have reviewed mission requirements and determined that this member can participate in this apprenticeship/internship program and understand a backfill will not be provided until projected separation dates. I understand that the member is required to uphold military standards, and for the local members, I will determine participation in unit formations, physical readiness training, and other unit requirements, as appropriate, while ensuring this member's full participation in this training program. I will ensure the supervisor maintains accountability of this member while he/she participates in this program, and will ensure follow-up the Provider also, to ensure successful participation. I understand that I may terminate the member's participation at any time for unit mission requirements or disciplinary reasons; or that the provider may terminate agreement as well, and this member has a contingency plan to return to duty. Finally, I will ensure this member completes all leave paperwork, ethics briefings, mandated TAP requirements, and at the end of the training, the DoD Mandated Exit Survey.

#### **Commander Signature:** \_\_\_\_\_

### **Reviewers**

#### **Supervisor Signature:** \_\_\_\_\_

#### **Ed Center Signature:** \_\_\_\_\_

#### **Additional Reviewer Signature:** \_\_\_\_\_

#### **AFRC Reviewer Signature:** \_\_\_\_\_