

# Virginia SkillBridge Program Command Authorization

## Virginia SkillBridge Internship Information

EMPLOYER:

\_\_\_\_\_

INTERNSHIP DURATION (IN WEEKS): \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

EMPLOYER SIGNATURE or INTERNSHIP OFFER LETTER: \_\_\_\_\_

*\*The Department of Defense and Service branches do not endorse any company, sponsor or their products or services.*

### Active-Duty Applicant Information

\_\_\_\_\_

RANK	LAST NAME	FIRST NAME	MIDDLE NAME
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\_\_\_\_\_

COMMAND	SEPARATION DATE (EAOS)
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\_\_\_\_\_

HOME PHONE	WORK PHONE	E-MAIL ADDRESS
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### Command Authorization (REQUIRED)

The First Field Grade Commander/Commanding Officer's signature below acknowledges the applicant has met the instructional requirements and is authorized to participate in the internship opportunity outlined on this application. **Participants must be sent to training on no-cost TAD orders and not be assigned duties while enrolled.**

CO NAME \_\_\_\_\_ CO RANK \_\_\_\_\_ CO TELEPHONE \_\_\_\_\_

CO SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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## APPLICANT AGREEMENT

All applicants must read and initial the following statements indicating they fully understand the restrictions and policies governing the screening process for the Virginia SkillBridge Program. Applicants failing to meet the requirements will not be considered for acceptance.

\_\_\_ I understand my participation in the Virginia SkillBridge does not carry obligatory military service.

\_\_\_ I understand enrollment represents a commitment to attend. Withdrawal from the program may only be justified by an emergency. An "officially written" explanation of withdrawal on command letterhead must be endorsed and provided by my Commanding Officer. The internship will be my appointed place of duty and failure to participate in training as scheduled may result in a charge of unauthorized absence.

Unexcused absences will be reported directly to my command. Official documentation may be required.

\_\_\_ I will provide my own transportation.

\_\_\_ I acknowledge I am in good physical condition.

\_\_\_ I confirm I will be within 180 days from separation (EAOS) when the internship commences and will have sufficient time left in service to complete the internship prior to separation.

\_\_\_ I will not be excused for personal business during normal training hours. All personal business must be completed before or after class. Command will be notified of any unexcused absences.

\_\_\_ I am fully aware of screening process and have met the screening requirements mandated for consideration and acceptance in this program.

\_\_\_ I understand questions about the employer or internship should be directed to  
VaSkillBridge@dvs.virginia.gov

\_\_\_ I understand that I am not eligible to participate in the Virginia SkillBridge Program if I am currently involved in any disciplinary actions.

## Applicant Agreement

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DATE    SERVICE MEMBER'S SIGNATURE    DIGITAL SIGNATURE ACCEPTED

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FIRST NAME    LAST NAME    MIDDLE NAME

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