

# OPERATION WARFIGHTER

Application – Air Force

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OFFICE OF  
**WOUNDED WARRIOR**  
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Telephone: \_\_\_\_\_ Location / Installation: \_\_\_\_\_

Email: \_\_\_\_\_ Est. Date to leave : \_\_\_\_\_

Military Clearance Status: ( ) Confidential ( ) Secret ( ) Top Secret ( ) Other

With my signature herein, I \_\_\_\_\_ hereby affirm that I understand the following:  
(print rank and full name)

- I understand this temporary assignment is for training and vocational purposes required during my medical rehabilitation. I will not be paid for this internship.
- While I am not required by the Air Force to participate in a work program, I have voluntarily chosen the federal internship program.
- The Unit or the participating Federal agency may terminate my OWF internship for medical or other cause at any time.
- If I feel that the work assignment is not meeting my needs I may discuss this with my, chain of command or the OWF program manager.
- I understand my participation in the OWF Program does not guarantee permanent employment with any Federal or DoD agency.
- If you submit your resume, the personal information contained will be disseminated to federal employers. Submitted information is maintained and destroyed according to the principles 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:** \_\_\_\_\_

Approved by Case Manager: \_\_\_\_\_  
(Signature/Date)

Approved by NCOIC: \_\_\_\_\_  
(Signature/Date)

Approved by Squadron Commander: \_\_\_\_\_  
(Signature/Date)