

Hiring Our Heroes

U.S. Chamber of Commerce Foundation

DoD SkillBridge Program Participation Agreement Form Hiring Our Heroes Fellowships Programs

Military Rank

First and Last Name

Email (Civilian Only)

Phone Number

Last Day Of Military
Service

Select Branch of
Military Service

Military Installation

Approving Authority Rank and Name
(First and Last)*

*Pay grade of O-4 or above authorized to impose non-judicial punishment under Article 15 of the UCMJ

Approving Authority Email (.mil)

Approving Authority Phone Number

PLEASE INITIAL EACH STATEMENT BELOW

My participation approval adheres to required dates of **Cohort 2024-2: 29 APR 24 - 18 JUL 24.**

I understand that I must notify my HOH Career Connector/or Program Manager before the start date in writing if I am withdrawing or no longer wish to participate in a fellowship program.

By providing my signature below, I agree to participate fully in my chosen program and keep my chain of command informed of any changes that may impact the successful completion of my fellowship program.

I certify I have completed at least 180 continuous days on active duty. I expect to be discharged/released from active duty within 180 days of starting the SkillBridge training.

I understand final participation approval is dependent up host company match prior Cohort start date.

Participant Signature

Date

HIRING OUR HEROES STAFF USE ONLY BELOW

Above SkillBridge Program information verified by the Hiring Our Heroes Program Manager?

Hiring Our Heroes Program Manager Name

Hiring Our Heroes Program Manager Email Address

Hiring Our Heroes Program Manager Phone Number

Program Manager's Signature

Date