The Texas A&M University System
System Offices

SkillBridge Internship Program Orientation

Name: _____ UIN: _____Start Date: _____

The SkillBridge program is a non-paid internship program available for approximately 12 week period for service members. The SkillBridge Program, offered by the U.S. Department of Defense, is an opportunity for service members to gain valuable civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. The service member continues to receive all pay & benefits from the Department of Defense while participating in a non-paid internship with the A&M System.

The following is recommended to be completed by the department HR Contact or Manager on the intern's **first day.** Provide the intern with a copy of this checklist before discussing each item. This form is only intended to assist System Office departments participating in the SkillBridge Internship Program.

A. FUNCTIONS OF DEPARTMENT/JOB PERFORMANCE

- ☐ Function of Department
- ☐ Organization of Department
- ☐ SO Organizational Chart

B. WORK ENVIRONMENT

- ☐ Provide the attached Crisis Management Action Plan (Quick…What Do I Do)
- ☐ Work Area
- ☐ Fire Extinguishers and Evacuation Procedures
- ☐ Safety Regulations
- ☐ Disaster–Your Duties
- ☐ Job Injuries Reported to Supervisors
- ☐ Parking
- ☐ Location of Supplies
- ☐ Location of Restrooms
- ☐ Building Access
- ☐ Non-Smoking Building
- ☐ Housekeeping

C. HOURS OF WORK

- ☐ Define Work Week
- ☐ Starting, Lunch and Quitting Times
- ☐ Attendance/Punctuality
- ☐ Work Schedule Changes
- ☐ Leaving During Work Hours
- ☐ SO Holiday Schedule found on HR website

D. RIGHTS AND RESPONSIBILITIES

- ☐ Provide Policy and Regulation Library Link
- ☐ Dress Code
- ☐ Conduct
- ☐ Confidential Information
- ☐ Professional Ethics
- ☐ Care of Equipment
- ☐ Personal Use of Telephone and Equipment
- ☐ State/Federal Workplace Posters Bulletin Board

This checklist was reviewed with the new volunteer and all applicable items above.

Manager/HR Contact Signature_____ Date_____