

Proposal - Operation Giving Back

Fellowship Application: Operation Second Chance

Thank you for your interest in the Operation Second Chance Fellowship program

Our Mission: We are patriotic citizens committed to serving our wounded, injured and ill combat veterans. We support Veterans and their families while they recover in military hospitals, by building relationships and identifying and supporting immediate needs and interests. We are dedicated to promoting public awareness of the many sacrifices made by our Armed Forces.

Through this Fellowship, our goal is to provide service opportunities to wounded veterans and their family members who have the desire help other veterans and family members.

The Fellowship covers a six month time period, during which the Fellow volunteers a minimum of 20 hours per week in support of our mission. All fellowships include two written statements that will be posted on the Fellow's profile page on the Operation Second Chance website. In addition, all Fellowships will include professional development assignments to include goals setting, skills assessment, and planning for placement in employment, education, or a permanent role of service in the community.

Individuals selected and approved for a Fellowship will be provided a goal outline clearly listing all obligations including hours, written statements, etc. This outline will be provided upon approval.

****The Fellowship application process is competitive. Applying does not guarantee admittance. Official fellowship start dates will be provided within the goal outline, to be provided upon approval.**

Required documents to be included in Application Package:

- Copy of DD 214 (Self or Spouse)
- Copy of Letter of Disability from VA (or MOR from Chain of Command) (Self or Spouse)
- Completed Application
- Copy of Memorandum of Understanding between Fellow and organization
- Any other supporting documentation requested

Application Instructions

Please fill out the application form to the best of your ability. In the second section of the application please answer each question. When the application is complete, you may submit it according to the instructions below. All applications must be typed.

Submitting the Application

By e-mail: Attach this application to an e-mail and send it to cindy@operationsecondchance.org

By fax: You may fax the application to 888-OSC-4VET

Questions: Call 301-938-2834

Please be sure to fill out ALL information asked in complete sentences

Date:

Personal Information

Name:

Email Address:

Phone(s):

Mailing Address:

Date of Birth (MM/DD/YY):

T-Shirt size:

Military Information (Indicate Self or Spouse)

Branch:

Primary Component: (Active Duty, Reserve, etc.)

Current Status:

Separation Date (MM/DD/YY):

Total Time in Military Service:

Last Duty Station (indicate if current):

Primary Job in Military:

Highest Rank Attained:

Specialized Training:

Military Badges, Certifications, and Awards (optional):

Application Questions

When answering the below questions include as much detail as possible in full and complete sentences and paragraphs.

Write your answers in a professional manner taking into consideration grammar and punctuation.

- 1. Describe your previous job duties and include examples of leadership:**

Job description:

Additional duties:

- 2. Describe your educational background. Include names and years of schools attended, extracurricular activities, and degrees earned (if applicable).**
- 3. Explain your current military status. Explain any upcoming changes in military status. If you are medically separated/retired from the military, briefly describe your disabilities as relate to activity/work limitations.**

4. Were you or your spouse ever deployed to a combat theatre (as military or civilian)? Please list your units and deployments.

5. Were you or your spouse injured in combat or in the line of duty? If so, please describe the circumstances surrounding your injury. (Please provide as much detail as you feel comfortable with using the “who, what, when, etc.”)

6. Describe what the term “Citizen Leader” means to you.

7. How did you hear about Operation Second Chance?

****It is important that you have a project outlined before submitting this application. We cannot grant a Fellowship without knowing how you’re going to be providing a tangible good during your Fellowship. If you do not know at this time, please consult with your Fellowship Program Associate.***

8. What are your goals for your Fellowship, post-Fellowship?

Fellowship:

Post Fellowship:

9. How does providing service at this organization and in this field support your post-Fellowship goals (Please be as specific as you can – employment, study, future service, etc)?

Financial Need:

Operation Second Chance provides the opportunity for eligible candidates to continue their service by providing a monthly stipend to offset the cost of living*.

Do you need financial assistance to complete your Fellowship? Y/N

** All financial assistance is subject to tax. Please keep this in mind when filing for your next year's taxes. All payments will be considered income and must be claimed as such.*

References (OTHER THAN FAMILY)

Please ensure that references understand they may be contacted by someone from ***Operation Second Chance***, and that their prompt cooperation is appreciated. Please provide e-mail address and telephone number.

Military Reference (Other than family):

Name:

Relationship:

E-mail Address:

Phone(s):

Professional Civilian Reference (Other than family):

Name:
Relationship:
E-mail Address:
Phone(s):

Background Check

Have you ever been convicted of a crime?

If “yes,” please explain:

Please read the stipulations and initial next to the below paragraph:

_____ ***“Operation Second Chance*** has permission to perform a background check on myself as necessary for the purpose of this application process.”

Privacy Stipulations

Please read the stipulations and initial next to the below paragraph:

“Operation Second Chance has permission to use my image, likeness, or story for marketing and development purposes. Other personal and contact information will be kept confidential.”

Initial _____

Please list anything specific that you wish to have kept confidential by ***Operation Second Chance***:

Additional Information