



CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO, CA 94960

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CHI

USA WORK & TRAVEL

APPLICATION FORM



FOR CHI ONLY



Attach smiling
passport size
photo

•Agency: _____

Check one box:

•Country: _____

Self Placement

•Participant's Passport #: _____

Job Assistance

Agency Placement

PERSONAL DATA (PLEASE WRITE IN CAPITALS)

Family name (as spelled in Passport) _____

First and middle name (as spelled in Passport) _____

Female Male Date of birth _____

month/day/year

Place of birth (city) _____ Place of birth (country) _____

Country of citizenship _____ Country of legal permanent residence _____

Student's current mailing address _____

City _____ Country _____ Postal code _____

Tel: (_____) _____ E-mail: _____

Area Code / Number

Emergency contact name: _____ Tel: _____

(Country Code / City Code / Number)

Emergency email: _____

Have you ever been on a J-1 work / travel program? YES NO

If YES, what was the name of the program? _____ Which Years? _____

PROOF OF STUDENT STATUS (PLEASE WRITE IN CAPITALS) to be completed by a school official

Name and address of your university / institution of higher learning: _____

Major field of study: _____

How many years of University level studies will you have completed? _____ years

When do you expect to receive your diploma/degree? _____
month year

I certify that Mr./Ms. _____ is registered in our institution as a full time student for the academic year _____
/ _____ with summer vacation between (e.g. 25/Jun/2011 and ...) _____ / _____ / _____ and _____ / _____ / _____

Name _____ Title _____ Phone/fax _____ E-Mail _____

Date _____ Signature _____ School Seal _____

PROOF OF ENGLISH PROFICIENCY

Please attach a document verifying language proficiency either through a recognized language test administered by an academic institution or English language school or through the required documented interview performed by the sponsor.

CHI INTERVIEW INSTRUCTOR TEST SKYPE

ORIENTATION

1) Participation at the CHI orientation meeting is mandatory.

2) Included in the orientation meeting is information about living and working in the U.S. and advice regarding applying for the Social Security card.

PROOF OF SUFFICIENT FUNDS

The following statement is to be completed and signed by a parent/guardian or legal representative (i.e. bank officer; attorney). This will document proof that you will have a minimum USD\$800 in order to be monetarily self-sufficient upon arrival in the U.S. I, the undersigned _____

declare that I am: Parent Legal Representative of: _____ who is enrolled in CHI's USA Work & Travel program. I guarantee that he/she will be leaving for the U.S. with a minimum USD\$800.

Parents' or Legal Representative's Name: _____

Address: _____ Telephone: _____

Signature of Parent or Legal Representative _____ Date: _____

ACKNOWLEDGEMENT OF PROGRAM RULES, TERMS AND CONDITIONS

GENERAL CONDITIONS

- 1) CHI's USA Work & Travel offers either a Self-Placed option in which the participants find their own job or a Job Assisted option in which CHI assists with the selection of job placement. For both options, the job offer must be vetted and approved by CHI.
- 2) In accordance with U.S. visa regulations, the USA Work & Travel participant is restricted from working in the following positions/fields: camp counselor, park ranger, aupair, domestic helper, aviation, health care/medical field, door-to-door sales, adult entertainment, independent contractors and pedi-cab workers. Program participants are not allowed to work for staffing agencies.
- 3) USA Work & Travel participants are required to have a job offer secured prior to arriving in the U.S. The participant and the U.S. employer are required to submit a job offer before the DS-2019 is issued. CHI will only approve placements that meet DoS job vetting guidelines and regulations.
- 4) The participant is solely responsible for securing and paying for accommodations. CHI will only provide housing resource advice through our program handbook and website. Some employers offer housing assistance.
- 5) The participant is required to complete the basic USA Work & Travel application and submit proof of active student enrollment as well as document proof of sufficient funds (minimum of USD\$800) in order for the participant to be monetarily self-sufficient upon arrival in the U.S.
- 6) The Work and Travel program must adhere to the date requirements announced by each country's Embassy and DoS.
- 7) The USA Work & Travel Program participant is responsible for validating his/her visa after arrival into the U.S. and is required to report to CHI, the sponsor agency within 3 days of arrival in the U.S. Failure to adhere to this policy will result in cancellation of the participant's Work & Travel program. The participant is required to report all changes in housing within 10 days. The Self-Placed and Agency-Placed participants are required to report to CHI their intend to change their job and provide new a Self-Placed Job Offer for CHI vetting and approval before accepting the job.
- 8) The Work & Travel program is subject to termination and/or early completion by the sponsor. Reasons for termination and/or early completion include, but are not limited to:
 - violation of DoS and/or sponsor rules as outlined in Work and Travel Student Handbook;
 - early termination of work agreement;
 - failure to respond to CHI communication request on timely basis.

VISA AND INSURANCE

- 1) The entire program fee balance must be paid in full and the job acceptance letter completed BEFORE CHI can issue the DS-2019 form.
- 2) The DS-2019 form is NOT a visa. The participant must take the DS-2019 form and apply for the J-1 visa at the nearest U.S. Consulate in the participant's home country. Without a current J-1 visa stamped in the passport, participation in the program is invalid.
- 3) The J-1 visa allows the participant to enter and legally work in the U.S. for up to 4 months maximum.
- 4) An optional 30-day travel period is available upon successful completion of the program, during which the participant may travel around the 50 states and District of Columbia.
- 5) Included in the program fee is compulsory comprehensive insurance for the duration of the program as indicated on the DS-2019 form. The U.S. government requires that all participants have insurance coverage during the program period. Insurance for the optional 30-day travel period can be purchased for an additional fee through CHI. Participants are fully responsible for arranging insurance to cover any additional time as a tourist.
- 6) The participant agrees to begin work no earlier than the date indicated on his/her DS-2019 form AND agrees to terminate work relations in the U.S. no later than the date indicated on his/her DS-2019 form.
- 7) I hereby apply for insurance under the Bulstrad Life Vienna Insurance Group policy, for the period coinciding with the start and end dates on my DS-2019 form. I understand the terms and conditions of the insurance plan.

Participant's signature _____ Date: _____

CANCELLATION POLICY

- 1) Cancellations received between the time of application submission and issuance of the DS-2019 form are subject to a cancellation fee. Cancellations received after issuance of the DS-2019 form are subject to a partial refund of the program fee upon receipt of the unused DS-2019 form. Please refer to the regulations as set forth by your agency in your home country.
- 2) In case of visa denial, the unused DS-2019 form must be returned to CHI with proof of denial, after which partial refund will be issued. Please refer to the regulations as set forth by your agency in your home country.
- 3) The participant is not eligible for a refund once he/she has entered the U.S. This includes: changing of jobs, termination of employment and or/early departure from the U.S. back to the home country.

COMMUNICATION DURING THE PROGRAM

- 1) Failure to notify CHI of any changes in employment or residence may result in putting the participant’s program status at risk.
- 2) The participant understands and agrees to maintain a valid e-mail account in the U.S. during the program as a means to communicate with CHI.
- 3) In accordance to DoS regulations CHI is required to maintain monthly contact with each USA Work & Travel participant. The participant agrees to respond to any e-mail communication sent from CHI including but not limited to monthly evaluation requests. Failure to respond to CHI communication may jeopardize the participant’s program status.

LIABILITY RELEASE AGREEMENT

In consideration of being accepted by CHI’s USA Work & Travel Program, I hereby release, forever discharge and agree to hold harmless, Cultural Homestay International, its overseas Partner organizations and/or principals thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned that may occur while participating in the USA Work & Travel Program. I understand that by signing this Release, I fully and completely waive and relinquish all claims I may have against Cultural Homestay International, its employees and its overseas Partner organizations thereof, and release them from any liability they may otherwise have toward me, whether known to me or not. I authorize all medical providers to release my personal medical information in the event of an accident, medical treatment or hospitalization, to CHI as my visa sponsor. I authorize CHI to use my photograph in its promotional materials for the USAWork and Travel Program.

Participant’s Signature _____ Date _____

ARBITRATION CLAUSE

In the event of any dispute between the parties concerning the performance, enforcement or interpretation of this Agreement, such dispute shall be determined by binding arbitration before the American Arbitration Association or Judicial Arbitration and Mediation Services in San Rafael, Marin County, California, USA, upon the petition of either party. The decision of the arbitrator shall be final and binding and may be enforced in any court of competent jurisdiction on the petition of either party. The undersigned agrees that Marin County, California, USA is a fair and reasonable venue for resolution of any such dispute and it submits to jurisdiction of the Courts of the State of California because, among other reasons, this Agreement was negotiated in large part in California, and CHI is domiciled in Marin County, California.

ACKNOWLEDGEMENT OF PROGRAM RULES, TERMS AND CONDITIONS

I have read the rules, conditions and eligibility requirements of CHI’s USAWork & Travel Program and the Participant Handbook and agree to abide by them. I agree to comply with my U.S. employer’s rules and policies, including, but not limited to policies, such as personal grooming and drug testing. I understand that all employment arrangements made by me, with the help of CHI, prior to my arrival, are subject to change or cancellation. CHI will assist JA participants with at least one relocation option, however wage, position and location may be different. I agree to report to my pre-assigned job and fulfill my work commitment to the employer. I also understand that if I do not follow this rule, I will be reported to the Federal Government and will be subject to deportation. By participating in CHI’s USA Work & Travel, my actions are governed by national and local laws. If I am involved in any legal consequence, I am responsible for any necessary legal action as well as any and all expenses incurred. I further declare that all application information submitted is true. I understand that any false declaration on my part or submission of inaccurate documents may result in forfeiture of my place on this program with no entitlement to any refund.

Participant’s Signature _____ Date _____