



# CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO, CA 94960  
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## CHI USA WORK & TRAVEL APPLICATION FORM

CHI ID Code

Attach  
smiling  
passport-  
size photo

•Agency: \_\_\_\_\_  
•Country: \_\_\_\_\_  
•Participant's Passport #: \_\_\_\_\_

Check one box:  
Self Placement   
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: \_\_\_\_\_  
Have you ever been on a J-1 work / travel program?  YES  NO (Country Code / City Code / Number)  
If YES, what was the name of the program? \_\_\_\_\_ Which Years? \_\_\_\_\_

### TRAVEL INFORMATION (Please write in CAPITALS)

How many months will you work in the USA?  3 Months  4 Months  
Expected departure date to the U.S. \_\_\_\_\_ Date expected/due home: \_\_\_\_\_

### UNIVERSITY INFORMATION (Please write in CAPITALS)

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

### PROOF OF STUDENT STATUS (Please write in CAPITALS) to be completed by a school official

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/2006 and ...) \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Phone/fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_ School Seal \_\_\_\_\_

(Please write in CAPITALS) to be completed by your English instructor

### ENGLISH LANGUAGE ABILITY

Oral English ability:  beginner  intermediate  advanced  
Written English:  beginner  intermediate  advanced  
Listening Comprehension:  beginner  intermediate  advanced

Additional comments about the student's knowledge of English and his/her ability to function in an English-speaking work place:  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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 \_\_\_\_\_

(Please PRINT name)

declare that I am:  Parent  Legal Representative of: \_\_\_\_\_

(Name of Participant)

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 address:

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ EMail \_\_\_\_\_

Signature of Parent or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

## ACKNOWLEDGEMENT OF PROGRAM RULES, TERMS AND CONDITIONS

### GENERAL CONDITIONS

- 1) The USA Work & Travel Program is available to those who wish to find their own job or request job assistance through CHI. CHI will provide assistance for one job placement.
- 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.
- 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 letter of acceptance before the DS-2019 is issued.
- 4) The participant is solely responsible for securing and paying for accommodations. CHI will only provide housing resource advice through our program handbook and Internet 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) For northern hemisphere participants, the program duration is from June 1 to October 15. For southern hemisphere participants, the program duration is from November 1 to March 15.
- 7) The participant of the USA Work & Travel Program is responsible for validation of his/her visa after arrival to the U.S. The participant is required to report to the sponsor agency, CHI within 30 days from the start date on the DS-2019 form. Failure to adhere to this policy will result in cancellation of the participant's J-1 visa. The participant also understands that it takes at least 3 days to validate his/her visa and he/she might not be validated on time if he/she will submit all the necessary information to the sponsoring agency after 25 days from the start date on his/her DS form.

### DEPOSIT, VISA AND INSURANCE

- 1) A program deposit is required at the time of application. The deposit is applied toward the balance of the program fee.
- 2) The entire program fee balance must be paid in full and the job acceptance letter completed BEFORE CHI can issue the DS-2019 form.
- 3) 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.
- 4) The J-1 visa allows the participant to enter and legally work in the U.S. for up to 4 months maximum.
- 5) There is an optional 30-day travel period in which the participant may travel around the U.S.
- 6) 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 through CHI. Participants are fully responsible for arranging insurance to cover any additional time as a tourist.
- 7) The participant agrees to begin work no earlier than the date indicated on his/her DS-2019 form (June 1 or November 1) AND agrees to terminate work relations in the U.S. no later than the date indicated on his/her DS-2019 form (October 15 or March 15).
- 8) I hereby apply for insurance under the CareMed International Travel insurance policy, insurance plan number "ace06haitz1lga" issued to CareMed GmbH, Bonn Germany underwritten by ACE European Group, Ltd. I understand the terms and conditions of the insurance plan are provided in the CareMed International Travel Insurance booklet.

### **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.

### **PARTICIPANT PROGRAM EXPENSES**

- 1) The participant is responsible for all travel expenses within the U.S. This includes to the orientation site and to the job placement community.
- 2) CHI offers housing resource advice through our website. All expenses related to housing and daily living including rent, utilities, furnishings, groceries etc. are the responsibility of the participant.
- 3) The participant should be aware that some jobs will have flexible starting dates due to weather conditions. The participant is advised to arrive in the U.S. prepared with sufficient funds (USD\$800 minimum) to cover all expenses until he/she begins earning a wage.
- 4) The participant is responsible for any and all travel expenses incurred after the work program and during the optional 30-day travel period.
- 5) The participant's wage will be at least the minimum wage as set by the U.S. Department of Labor and is subject of deduction.

### **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.
- 3) If for any reason, the participant does not attend the mandatory orientation meeting, he/she will not hold CHI responsible for any consequences that may ensue.

### **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 USA Work and Travel Program.

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Participant's Signature

Date

### **ACKNOWLEDGEMENT OF PROGRAM RULES, TERMS AND CONDITIONS**

I have read the rules, conditions and eligibility requirements of CHI's USA Work & 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. I agree to report to my pre-assigned job and fulfil 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.

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Participant's Signature

Date