

Intern Participant Application

Sponsor Information:
Dynamic Global Exchange



Congratulations on your decision to apply for participation in Dynamic Global Exchange's Intern program!

We are a U.S. Department of State designated sponsor of the Intern program. We believe international exchange will enhance your understanding of U.S. people, culture, business methods and institutions. During your stay in the U.S you will make friendships with people from around the world. Truly, exchange programs make the world a better place to live.

Are you eligible?

Before continuing, confirm that the following statements are correct:

- I am 18 – 32 years old.
- I am a full-time student at a post-secondary college/university in my home country and have completed at least one full semester at the time of application and will have completed at least two semesters by my program start date OR have graduated from a post-secondary college/university (outside the U.S.) within the 12 months before my anticipated program start date.
- My field of study is either Hospitality or Business.
- My requested work placement is related to my studies/diploma.
- I have verifiable English skills and have good understanding of English terminology related to my field.
- I have sufficient finances or access to such finances (minimum of \$2,000) to support myself during my entire stay in the U.S. (including housing/living costs and emergency expenses).
- I have or am pursuing my post-secondary degree in Hospitality/Tourism OR in Business/Financial Management.
- I am able to commit to the full duration of my program placement.
- I have a passport which is valid for at least 6 months beyond my program end date.

If you are eligible, you must submit a one-page resume/CV and participate in an interview with a DGE staff member. The purpose of the interview is to assess your English skills and motivation. If accepted, you must complete this application packet.

Once the application packet has been approved, you may receive a placement offer. If you accept the offer, the remaining program fees are due in full before your visa document (DS-2019) will be shipped. This document allows you to apply for your J-1 visa. Your international cooperator will assist you in securing an interview appointment with the U.S. Embassy or Consulate nearest you.

Are you ready to submit your application?

- ✓ Complete application form
- ✓ Proof of Student Status form
- ✓ Reference Form completed by a professor (original and English translation)
- ✓ Proof of Available Funds statement and Promise of Funds Statement
- ✓ IC Interview confirmation
- ✓ Fee Disclosure
- ✓ Medical History
- ✓ Signed Participant Contract
- ✓ Photocopy of your passport photo page
- ✓ Photocopies of all previous U.S. visa(s)

How much are my fees and when are they due?

Your international cooperator will provide this information to ensure complete understanding of program fees, when they are due, and refund policy for your program.

When your application is complete e-mail PDF to alexis@dynamicglobalexchange.com

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This application MUST be typed.

Today's date (MM/DD/YYYY): _____

Passport Information:

Family Name (**exactly** as it appears on your passport): _____ First Name: _____ Middle Name: _____

Gender: Male Female Passport Number: _____ Date of Birth (MM/DD/YYYY): _____

City of Birth: _____ Country of Birth: _____

Country of Legal Permanent Residency: _____ Country of Citizenship: _____

Exchange Visitor Contact Information:

This will be the primary contact method for DGE during your program stay, therefore provide the email address and skype name you intend to use throughout your U.S. program stay.

E-mail Address: _____ Skype Name: _____

Home Telephone Number (country code + city code + phone number): _____

Mobile Telephone Number (country code + city code + phone number): _____

Permanent Home Address:

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

Emergency (English speaking) Contact:

Last Name: _____ First Name: _____ Relationship to Applicant: _____

Telephone Number: _____ Emergency Contact Email Address: _____

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

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Education Information:

Highest Degree Earned: _____

Name of School (currently enrolled): _____

Address of School: _____

Level of Current Studies: Diploma Undergraduate Masters PhD

Principal Area of Study: _____ Date of Graduation or Expected Graduation: _____

General Information:

International Cooperator Agency Name: _____

Where are you currently living?

At permanent home address At my international university (please provide) Another location (please provide)

Address: _____

Will you receive any financial support from your home country for from the U.S. government during your program duration?

No Yes If **yes**, provide details: _____

Have you previously participated in the J-1 Training program? No Yes How Many? _____

If **yes**, WHICH year(s): _____ WHERE: _____ NAME of U.S. Sponsor: _____

Have you previously participant in another J-1 program (example. Summer Work and Travel)? No Yes How Many? _____

If **yes**, WHICH year(s): _____ WHERE: _____ NAME of U.S. Sponsor: _____

Have you ever been denied a visa by a U.S. Embassy/Consulate?

No Yes If **yes**, provide details (type of visa, year, etc.): _____

Do you have **OR** have you ever had a U.S. Tourist visa?

No Yes If **yes**, provide details (expiration date): _____

Do you have a U.S. Social Security Number?

No Yes If **yes**, please provide: _____

Have you ever been convicted of a crime?

No Yes If **yes**, provide details: _____

Health Information:

Do you have any physical limitations, health issues or allergies that will impact the type of work you are able to do?

No Yes If **yes**, please describe them below:

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Proof of Student Status

This form must be completed, signed, and stamped by an official representative of the post-secondary academic institution outside of the U.S. where the student is currently enrolled. This form may be completed by the student's international cooperator **IF** a confirmation letter (on school letterhead) written and signed by an official school representative (with the university seal/stamp affixed) is attached detailing the information below.

Name of School: _____ Principal Area of Study: _____

Exchange Visitor Name: _____

This student is currently in GOOD STANDING with the university. Yes No

Post-Secondary School Address:

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

How many semesters (or the equivalent) of post-secondary study HAS this student completed to date? _____

What is the expected date of graduation for this student? _____

What degree/certificate, if any, is the student expected to earn? _____

Name and Title of University Official

Signature

Date

(MM/DD/YYYY)



University seal/stamp

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Reference Form

To be completed by one of your professors.

School Name: _____

Post-Secondary School Address: _____

Name of Reference: _____ Position/ Title: _____

Signature of Reference _____ Date (MM/DD/YYYY): _____

Telephone Number: _____ E-mail Address: _____

How long have you known the applicant? _____

Which of your courses did he/she complete? _____

How did the applicant perform in your course(s)? Did the applicant work to his/her potential?

Describe how you believe the applicant will deal with culture shock (being so far from home, family, friends, and all that is familiar).

Is this applicant prepared to benefit from an intensive Intern program in his/her field? Are his/her skills advanced enough to be a productive team member with a U.S. host company? Please explain.

Describe why you believe this applicant will benefit from participating in the Intern Program.

	Excellent	Good	Fair	Poor
Adaptability to new situations				
Ability to problem solve				
Maturity/Responsibility				
Demonstrates good judgment skills				
Cooperation with others				
Ability to initiate conversation				
Ability to initiate friendships				
Independence				
Patience/tolerance				

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Proof of Available Funds

Participant must have access to \$2,000 in cash, traveler's checks, and/or credit cards.

Each participant of the Intern program must ALSO present sufficient proof that he/she has immediate access to \$2,000 ("Proof of Funds") to cover living and housing expenses as well as the possibility of purchasing a departure flight (with little advance notice) and other emergency needs during his/her program duration.

Acceptable Proof Includes:

Providing a current bank statement showing available funds of 2,000

OR

The Promise of Funds statement signed by parent/guardian promising to wire up to \$2,000 to the participant if necessary

It is important to include this proof of funds in the documents taken to the U.S. Embassy/Consulate when applying for the J-1 visa!

The Department of State's requirement for each candidate to submit proof of funds recognizes **there will be a lapse between the participant's arrival and first pay check (sometimes 2-3 weeks)**. There also exists the possibility that the participant's employment may be ended and therefore there would be a period of no pay. Also, if the participant must return home (by choice or by DGE mandate), funds will be required to purchase a ticket with minimal advance notice.

If a participant loses employment for a reason outside his/her control, DGE will make every effort to assist in securing a new placement (although a gap between employment –and therefore a period of no pay- may occur).

If a participant loses employment for a reason of his/her own doing, the participant's program may be ended early.

Please obtain one of the acceptable Proof of Funds

Exchange Visitor Name: _____ Date (MM/DD/YYYY): _____

Promise of Funds Statement

I attest that I am the parent or guardian of _____.

I recognize it is a requirement of the U.S. Department of State that each participant have funds available to cover living and unexpected expenses incurred during the program duration. Unexpected expenses may include the need to purchase a departing flight with minimal advance notice.

As such, I promise to forward to the participant, as necessary, up to \$2,000 to cover these expenses during his/her program duration.

Full Printed Name: _____

Signature: _____ Date (MM/DD/YYYY): _____

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Interview Confirmation

To be completed by International Cooperator staff.

Date of Interview (MM/DD/YYYY): _____

Name of Exchange Visitor: _____

English Proficiency: Using the scale below, assess the participant's conversational English proficiency.

- 5 Candidate's first language is English. Vocabulary and comprehension are sufficient to communicate effectively on a wide variety of familiar and unfamiliar topics using grammar and sentence structure. No repetition or restating is required of interviewer. Candidate responds quickly, comfortably, and appropriately to questions.
- 4 Candidate has highly conversational English. Vocabulary and comprehension are sufficient to respond easily and quickly. Very little repetition or restatement is necessary for the candidate to fully understand questions. Candidate appears confident speaking. Few to no grammatical errors.
- 3 Candidate is able to speak comfortably, but with some grammatical errors. Some repetition and restatement is required, but most conversation is understood the first time at a normal speaking speed. Some vocabulary may have to be explained. Candidate appeared somewhat uncomfortable speaking, but became more at ease as the interview continued. Typical grammatical errors for a non-native speaker. Vocabulary is average.
- 2 Candidate is able to speak and understand with limited vocabulary. Conversation is understood if spoken slowly and with explanation. Repetition and restatement is often necessary. Comprehension is difficult, but achieved with effort. Grammatical errors are common and vocabulary is below average. As the interview continued, candidate became more at ease. While not suitable today, candidate may be suitable for program after additional class work and daily practice.
- 1 Candidate comprehends very little. Speaking takes great effort. Communication is very difficult. Candidate is motivated and has promise with additional intensive classroom training. Candidate not suitable for program at this time.

English Proficiency Score: _____

Interviewer Name: _____

Signature: _____ Date (MM/DD/YYYY): _____

By signing, I certify that I have reviewed the program mission, Department of State regulations, DGE program rules, and each component for this application packet for the Summer Work and Travel program. I have also answered the candidate's questions relating to each item. I have reviewed the candidate's student status, qualifications, and motivation and can substantiate that the above named participant is eligible to participate in the Summer Work and Travel Program.

Place of Interview: _____ Method of interview (in-person or skype): _____

Interviewer Name: _____ Organization Name: _____

Interviewer Telephone Number: _____ Interviewer signature: _____

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Fee Disclosure (Fees that will be collected by International Cooperator Agency, Dynamic Global Exchange or the U.S. Government)	
Type of Fee	Amount Paid (USD Currency)
Program Fee (International Cooperator) <ul style="list-style-type: none"> • Application fee • Agency support pre-departure • Orientation • Screening for program • English eligibility test • Translation of documents • Placement 	Total Cost: \$ _____
Insurance Fee	Total Cost: \$ _____
SEVIS Fee <ul style="list-style-type: none"> • U.S. government administrative cost 	Total Cost: \$ _____
Visa Interview Fee <ul style="list-style-type: none"> • U.S. government administrative cost 	Total Cost: \$ _____
Discount	Total Cost: -\$ _____
Expedite Fee	Total Cost: \$ _____
Housing Fee	Total Cost: \$ _____
Other Services (Provide detailed description of the services below)	Total Cost: \$ _____
Total Fees (Excluding Airfare)	Total Cost: \$ _____
Flight (Estimated Cost) <ul style="list-style-type: none"> • Round trip ticket 	Total Cost: \$ _____
<ul style="list-style-type: none"> • Change fee 	Total Cost: \$ _____

International Cooperator: _____

Print Participant Name: _____

Participant Signature: _____ Date (MM/DD/YYYY): _____

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Medical History

Have you ever been hospitalized?

Yes No If **yes**, please explain: _____

Have you ever been advised to have surgery which has not been done?

Yes No If **yes**, please explain: _____

Have you ever consulted a neurologist, psychiatrist, psychologist, or any other specialist in nervous or emotional disorders?

Yes No If **yes**, please explain: _____

When, and for what reason did you last consult a physician?

What diseases, ailments, or injuries have you had in the last year?

Please mention any allergies, the severity of the allergy, and indicate if and how they are currently being treated:

Do you have any physical limitations or health issues?

Yes No If **yes**, please explain: _____

Please indicate any medication(s) you are currently taking and the purpose of using these drugs:

If you are allergic to any drugs or medications, please list them here:

Please indicate any other pertinent medical information that may be omitted: (i.e. abnormal blood pressure)

Privacy, HIPAA and Confidentiality Release Form:

Under the U.S. Government's Health Insurance Portability and Accountability Act (HIPAA), DGE is restricted in its access to certain medical information or records in the event that a Participant has an accident in the U.S. In order for DGE to assist the Participant to the fullest extent possible with insurance-related issues, DGE will need to have a signed Privacy and Confidentiality Release Form from the Participant. This form is optional and the Participant can choose whether or not DGE is granted access to this information. All exchange visitors also may be subject to the requirements of the Affordable Care Act.

DGE retains the right, in its sole discretion, to contact participant's parents, guardian, and/or emergency contact with regard to health issues or any other matter whatsoever which relates to participant or participant's program. These rights transcend any and all privacy regulations that may apply.

By completing this form, you give consent to DGE, your parents or guardian, your physician and/or other medical providers to discuss your medical and/or insurance issue with DGE. You also consent to DGE utilizing any such material in, and as necessary in, treating any medical condition which may arise. You also consent that DGE may notify your emergency contact listed in this application of any situation that we deem to be an emergency. In addition, you consent that DGE may notify your international agency of any situation that we deem to be an emergency.

This authorization is valid for two years from the date signed.

Under no circumstances can DGE release medical information from your physician or provider of service to you or anyone. Your medical information has been disclosed to us from your physician or provider of service and we are prohibited by federal law from further disclosure. Please contact your physician or provider of service from your medical information.

Print Exchange Visitor Name: _____

Signature: _____ Date (MM/DD/YYYY): _____

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Participant Contract

As a participant in the Intern program I agree with the following statements:

- I recognize that the purpose of the Intern program is to enhance the skills and expertise of the exchange visitor in their academic field. Through participation in a structured and guided work-based internship program, participant will gain knowledge of American techniques, methodologies, and technologies. The program is also intended to increase participants' understanding of American culture and society and to enhance American's knowledge of foreign cultures and skills through an open interchange of ideas between participant and their American associates.
- I have read and understand the Department of State regulations relating to the Intern program (22 CFR 62.32) and I agree to adhere to the goals, objectives, government regulations, and sponsor guidelines and policies of the J-1 Intern Exchange Visitor Program: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid+c329fb110ea15b0bf4b16f4d88cb4d16&rgn=div5&view=text&node=22:1.0.1.7.37&idno=22>
- I confirm that I have read and that I understand the program information and this agreement.
- I confirm that the information I have provided is true and accurate and have enclosed all supporting documentation.
- I understand that if the host company withdraws my placement offer, or if I lose my placement that DGE will, to the best of its ability, assist me in securing a new placement. However, if a new placement is not secured I will have to purchase a departure flight with minimal notice to return home, possibly forfeiting any refund (depending on the circumstances of the individual situation).
- I will provide evidence of possession of round trip transportation to and from U.S., or sufficient funds to purchase return trip, before departing for the U.S.
- I understand that the intent of the Intern program is in no way to encourage or allow immigration into the U.S.
- I understand that placement for Interns is a maximum of 12 months.
- I understand that I may **NOT** take an additional job. I understand that if I do accept employment outside of my internship that DGE will immediately withdraw its sponsorship of my visa, I must return home immediately, and forfeit any refund.
- I understand that for Hospitality placement greater than 6 months I must complete 3 departmental/functional rotations.
- At the completion of my program (as stated on my DS-2019) I agree to leave the U.S. within 30 days.
- I understand that DGE is the Department of State designated sponsor of my J-1 Intern visa and may withdraw its sponsorship in the event of my noncompliance with sponsor or program regulations (22 CFR Part 62.32) or deviation from the Training/Intern Placement Plan (DS-7002).
- I agree to notify the sponsor of my U.S. arrival date, change in living address, change of training location, and/or U.S. departure date no later than 5 days after such event.
- I understand I must contact the sponsor and have my DS-2019 signed at least two weeks prior to any trip I plan to take outside the U.S. during my program dates. I understand that if I leave U.S. territory after my visa expires (even if my DS-2019 remains valid) I will be unable to reenter the U.S.
- I agree to respond to all communication requests from the sponsor in a timely manner (within 2 days). I will notify the sponsor immediately (within 2 days of deviation) of the Training/Internship Placement Plan changes or is not being followed, if I decide to leave my position/the program, or if I experience any major medical, psychological, or criminal incident.
- I understand that my internship must not involve unskilled or casual labor and is for a minimum of 32 hours per week (of which not more than 20 percent can be clerical work). I will notify DGE promptly if my assigned weekly work schedule is less than 32 hours per week. I also certify that I will in no way do an internship related to child, patient or elderly care, aviation, clinical or medical work, psychological counseling or social work, nursing, dentistry or veterinary work, speech therapy or early childhood education.
- I agree not to begin work earlier than my program start date or work beyond my program end date as stated on my DS-2019. I further understand that if I work beyond my program end date or stay in the U.S. beyond the 30 day grace period (even if I hold a U.S. tourist visa or if I request a change of visa status) that my ability to receive future U.S. visas will be jeopardized.
- I understand that the Intern J-1 visa program is not intended to be a substitute for ordinary work purposes, nor is it intended under any circumstance to displace American workers, or be a conduit to permanent work and residency in the U.S.
- I understand that I must notify DGE within 24 hours if I decide to leave my program.
- I understand that the sponsor cannot guarantee visa approval and therefore I agree to the refund policy as outlined within the Fee/Refund sheet provided to me by my international cooperator. In the event my visa is denied, I will return my original U.S. Government Form DS-2019 (in-person or by certified mail) to my international cooperator within 3 days.
- I agree that I will maintain the health insurance provided to me by DGE. I understand this insurance meets all program regulations (22 CFR Part 62.22).
- I understand that if my DS-2019 is lost or damaged I must pay a \$20 replacement cost to DGE, plus shipping charges.

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- I understand that pregnant applicants/participants may not participate/continue to participate in the Intern program. If I become pregnant during my program I must return home immediately with no refund.
- I agree to hold the sponsor harmless against any claims, liability, damages or costs incurred by me related medical or dental care. I understand the sponsor is not and will not be responsible should I require or choose to secure legal counsel.
- I agree to obey all local, state, and federal laws of the U.S. as well as all rules of the sponsor and of my host company.
- I understand that some host companies require a drug test before (and possibly during) employment. I understand that this test is typically done with no advance notice. I understand that if I fail such a test the sponsor will withdraw visa sponsorship and I must purchase a departure ticket (with minimal advance notice) and return home within five days, forfeiting any refund.
- I understand that all photos or testimonials (including those in e-mails sent to the sponsor) can be used for promotional purposes unless I decline and provide written notification.
- I understand and agree that the sponsor cannot be held liable for my performance, nor for any civil or criminal liability incurred by me (including legal defense cost).
- I will indemnify and hold the sponsor harmless against any claims, liability, damages or costs incurred by reason of any act, error, or omission of the host company or its agents.
- I confirm that the information I have provided is true, complete, accurate, and upon request I will provide any additional documentation necessary to participate in this exchange program.
- I understand that violating any of the above statements may cause the sponsor to withdraw sponsorship of my J-1 visa, with no refund, which will require me to depart the U.S. within five days of that withdrawal.

Print Full Name: _____

My signature below confirms that I have read, understand, and agree to abide by the rules, terms and conditions of this Participant Contract of my own free will.

Signature: _____ Date (MM/DD/YYYY): _____

Provided false/misleading information or inappropriate behavior during the application process, prior to arrival in the U.S., or during the program may result in termination of the application/applicant, with no refund by Dynamic Global Exchange.