

# Summer Work and Travel Participant Application

Sponsor Information:  
Dynamic Global Exchange



**Congratulations on your decision to apply for participation in Dynamic Global Exchange's Summer Work and Travel program!**

We are a U.S. Department of State designated sponsor of the Summer Work and Travel 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 – 38 years old.
- I am a full-time student in good standing at a post-secondary academic institution outside of the U.S.
- At the time of my application, I have completed at least one semester of post-secondary study.
- My school summer vacation will coincide with my program participation dates.
- I will return to my home country by my first day of school.
- I have verifiable English language skills.
- I have sufficient finances (or access to such finances) to support myself during my program.
- I will bring \$1,000 (cash, credit card access, traveler's checks) to begin my program stay.
- I am able to commit to a 3 to 4 month stay in the U.S. on the program.
- 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 job 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 coordinator 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
- ✓ Current and detailed resume (CV)
- ✓ Reference Form completed by a professor (original and English translation)
- ✓ Photocopy of your passport photo page
- ✓ Photocopies of all previous U.S. visa(s)
- ✓ Proof of Student Status form
- ✓ Proof of Available Funds statement and Promise of Funds Statement
- ✓ Signed Participant Contract
- ✓ Copy of Covid-19 Vaccination Certificate.

## How much are my fees ... and when are they due?

Your international coordinator will provide this information so you know the different fees, when they are due, and the refund policy for your program

When your application is complete your international agency will upload it to our portal.

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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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Legal Permanent Residency: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

## 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: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_ Emergency Contact Email Address: \_\_\_\_\_

## Emergency Contact Address:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

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## Education Information:

Name of School (currently enrolled): \_\_\_\_\_

Address of School: \_\_\_\_\_

Level of Current Studies:     Undergraduate     Masters

Type of Degree: \_\_\_\_\_     Principal Area of Study: \_\_\_\_\_

## 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 Summer Work and Travel program?     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: \_\_\_\_\_

### Do you have any scheduling limitations that your employer should be aware of prior to arrival?

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.

**You must also provide a current and complete CV.**

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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.

Exchange Visitor Name: \_\_\_\_\_

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

Principal Area of Study: \_\_\_\_\_

Name of School (currently enrolled): \_\_\_\_\_

### 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? \_\_\_\_\_

### What are the scheduled dates of the university's official summer vacation?

Start Date (MM/DD/YYYY) \_\_\_\_\_ End Date (MM/DD/YYYY) \_\_\_\_\_

This student must return to the university on (MM/DD/YYYY) \_\_\_\_\_ to continue schooling.

\_\_\_\_\_  
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: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Position/ Title: \_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Reference Telephone Number (country code + city code + phone number): \_\_\_\_\_

Reference E-mail Address: \_\_\_\_\_

### Post-Secondary School Address:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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 the applicant's ability to relate to different nationalities, ages, genders, faiths, and social strata.

Describe why you believe this applicant will benefit from participating in the Summer Work and Travel 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 \$1,000 in cash, traveler's checks, and/or credit cards!**

Each participant of the Summer Work and Travel program must ALSO present sufficient proof that he/she has immediate access to \$1,000 ("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 \$1,000

**OR**

The Promise of Funds statement signed by parent/guardian promising to wire up to \$1,000 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: \_\_\_\_\_

International Cooperator Representative: \_\_\_\_\_

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 \$1,000 to cover these expenses during his/her program duration.

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.

Date (MM/DD/YYYY): \_\_\_\_\_ Place of Interview: \_\_\_\_\_

Interviewer name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Interviewer signature: \_\_\_\_\_ Interviewer Telephone Number: \_\_\_\_\_

Method of interview (in-person or skype): \_\_\_\_\_

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

# Summer Work and Travel Program Participant Application

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## Participant Contract

As a participant in the Summer Work and Travel program I agree with the following statements:

- I recognize that the purpose of the Summer Work and Travel program is to provide international university (or other international post-secondary academic institution) students an opportunity to work in the U.S. during their summer school vacations. I understand and agree that the primary purpose of this program is cultural exchange.
- As a participant, I understand I will earn wages to help support my stay in the U.S. which either meet the Federal Minimum Wage or State Minimum Wage requirements (as determined by law), whichever rate is higher. I do not expect to earn more money than needed to cover the cost of my basic needs while in the United States (U.S.) such as food, public transportation, and housing. I do not expect to be able to save money to take home. I understand I will probably not earn enough money to pay for my program costs.
- I agree to adhere to the goals, objectives, government regulations, and sponsor guidelines and policies of the J-1 Summer Work and Travel Program (22 CFR Part 62.32). I have read and understand the Department of State regulations relating to the Summer Work and Travel program and I agree to adhere to the goals, objectives, government regulations, and sponsor guidelines and policies:  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=c329fb110ea15b0bf4b16f4d88cb4d16&rgn=div5&vie%20w=text&node=22:1.0.1.7.37&indo=22>
- I agree to follow all instructions from my sponsor regarding my program. This would include, but not limited to, my return home in the case of a national emergency either in the U.S. or my home country and/or possible termination of my program.
- I agree to follow all health and safety policies put in place by my host company and local, state, and federal authorities. I understand that my host company will do everything possible to maintain healthy work and living environments, but that I may work and live in close physical proximity with other individuals.
- I confirm that I have read and understood the program information and agreement.
- I confirm that all of the information I have provided is true and accurate.
- I have enclosed, or will provide upon request, any and all supporting documentation.
- I understand that Dynamic Global Exchange (hereinafter known as "the Sponsor") will use the e-mail address I listed in this application as the primary means to contact me. In that regard, I promise to check my e-mail at least three times weekly.
- I will provide evidence of possession of round trip transportation to and from the U.S., or sufficient funds to purchase return trip, upon entry into the U.S.
- I understand that Dynamic Global Exchange recommends that I purchase trip interruption/cancellation insurance for the duration of my program and a roundtrip airline ticket that allows at least one free/low cost change.
- I confirm that I have available funds in the amount of \$1,000 and that I can immediately access these funds throughout my program and time in the U.S. in the event that they are required.
- I understand the intent of the Summer Work and Travel program is not intended under any circumstance to displace American Workers or to be used as a way to acquire permanent work and residency in the U.S.
- I understand that I will only receive compensation from my host employer for hours worked. Should my employment end with my host employer for any reason, only compensation earned based on hours worked will be received and that I will not receive additional compensation from Dynamic Global Exchange. I also understand that my job duties may differ from my job offer.
- I understand that placements for Summer Work and Travel are 4 months maximum, but my program dates are dictated either by my university's calendar or the Department of State's published program dates for my country.
- I understand that I may not work as a camp counselor, as a child care giver, in any work related to patient or elder care, clinical or medical work, psychological counseling or social work, nursing, dentistry or veterinary work, speech therapy or early childhood education. I may not accept work in a private home or within the field for aviation. I may not accept any employment which would bring the Department of State into notoriety.
- 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.
- At the completion of my program (as stated on my DS-2019) I understand I have an additional 30 day grace period to legally remain in the U.S. ONLY if this does not interfere with the start of my school or the Department of State's stipulated return date. I further understand that I may not engage in employment during this 30 day grace period and if I travel outside the U.S. during this 30 day grace period I will not be permitted re-entry.
- I understand that DGE is the Department of State designated sponsor of my J-1 visa and may withdraw its sponsorship in the event of my noncompliance with sponsor or program regulations (22 CFR Part 62.32).
- I agree to notify and inform the sponsor to my U.S. arrival date, of any change of my living address and/or change of employment, and/or U.S. departure date not later than five days after such event has occurred.
- I agree to not resign my original job placement without the written consent of my sponsor. I understand that if I resign without this permission that DGE may withdraw sponsorship of my J-1 visa.

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- 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 (as directed by the sponsor). I will notify the sponsor immediately if I decide to leave my position/the program or if I experience any major medical, psychological, or criminal incident.
- 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 that if the Host Company withdraws my job placement offer, or I lose my job placement, that DGE will, to the best of its ability, secure a new job placement for me. However, if a new job placement is not secured I will have to return home, possibly forfeiting any refund.
- I understand that my sponsor will do their best to assist me should I lose my employment to a natural disaster, pandemic or business interruption from my host employer while in the U.S. but realize they cannot guarantee that another placement will be found for me.
- I understand that I will have 2 weeks to find a new program-compliant job should local, state, or federal health orders interrupt my employment. If I am unable to find a job within this time, I understand that I may need to return home. I also understand that I will be responsible for my own expenses during this period to include rent payments, food, or any other necessities I may require.
- I understand that I may seek additional paid employment during my program only if the additional employment in no way interferes with my work schedule from my original Host Company AND if it does not violate Department of State guidelines for employment.
- I understand that I MUST notify DGE within 5 days of accepting additional paid employment to provide full contact and job responsibility information. I understand that the restrictions relating to the type of employment I was allowed to accept for my primary job remain the same for additional employment accepted. I understand DGE has the right to disallow employment that does not strictly adhere to the program regulation.
- I understand that if I leave my host company before my program end date, without written permission from my host company and from the sponsor, my program may be ended/terminated, I must leave the U.S. within 5 days, and I will forfeit any refunds of fees.
- I understand that I must notify the sponsor 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 understand that I will not receive a refund of any fees paid to Dynamic Global Exchange once I have entered the United States of America. Additionally, should my program be suddenly terminated for any reason (to include but not limited to, natural disaster, pandemic or business interruption from my host employer), I will not receive a refund of program fees or any other miscellaneous fees paid to Dynamic Global Exchange.
- I understand that I am participating in the program at-will and that I am not eligible to receive any damage compensation from Dynamic Global Exchange for any reason.
- I understand that if my DS-2019 is lost or damaged I must pay a \$20 replacement cost to DGE, plus shipping charges.
- I understand that pregnant applicants/participants may not participate/continue to participate in the Summer Work and Travel program. If I become pregnant during my program I must return home immediately with no refund.
- Per Internal Revenue Service Employer Tax Guide and Publication 515, I understand that Summer Work and Travel participants are considered non-residents aliens who are not subject to Social Security (FICA), Medicare, or federal unemployment (FUTA) withholding taxes. Furthermore, I agree to comply with Federal, State, and Local income tax filing requirements.
- I agree that I will maintain the health insurance provided to me by the sponsor. I understand this insurance meets all program regulations (22 CFR Part 62.22).
- I understand that I am responsible for all medical insurance coverage expenses should I enter the U.S. prior to my program start date as well as any time spent in the U.S. during my 30 day grace period. I also understand that Dynamic Global Exchange strongly recommends that I purchase additional insurance coverage for the time before I validate by program and during my 30 day grace period. Supplemental health insurance may be available to be purchased in my home country at a reduced rate.
- I agree to maintain, at minimum monthly contact with my sponsor via telephone, e-mail, or Facebook.
- I agree to hold to sponsor harmless against any claims, liability, damages or costs incurred by me related medical or dental care.
- 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 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 costs).
- 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 understand that Dynamic Global Exchange will not provide me with financial or legal assistance before, during, or after my program dates.

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- I understand and agree that DGE has offered me the ability to purchase Travel Cancellation and Travel Interruption Insurance. If I purchase this insurance, I will receive a refund of program fees and other covered fees per the insurance policy should the program be cancelled by reasons including, but not limited to, travel restrictions to and from the United States and government shut down of program participation. My refund of benefits will come from the insurance company and not from DGE. If I choose not to purchase the Travel Cancellation and Travel Interruption Insurance, I will lose all paid program fees.
- 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.