

Training Participant Application

Sponsor Information:
Dynamic Global Exchange



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

We are a U.S. Department of State designated sponsor of the Training 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 have, within my requested Training field, either a degree or accredited post-secondary college/university or professional certificate from an accredited post-secondary institution (outside the U.S.) **AND** have one year of work experience (outside the U.S.) **OR** five years of professional experience (acquired outside the U.S.).
- My requested work placement is related to my studies/diploma and/or my experience.
- 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 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
- ✓ 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

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

Your international cooperator 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 e-mail PDF to DGEApplications@gmail.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

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: _____

Telephone Number: _____ Emergency Contact Email Address: _____

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

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Education Information:

Complete if Graduated

Highest Degree Earned: _____

Name of School (currently enrolled): _____

Address of School: _____

Level of Current Studies: Certificate 2-Year Degree 4-Year Degree Master's Degree

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 or Intern)? 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.

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Proof of Graduation

This form must be completed, signed, and stamped by an official representative of the post-secondary academic institution outside of the U.S. if the participant has graduated from a university. This form may be completed by the student's international coordinator **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: _____

Name of School: _____ Date of Graduation: _____

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

Principal Area of Study: _____

Level of Degree: Diploma Undergraduate (Bachelor) Masters

Post-Secondary School Address:

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

I certify that I am a university (or other type of post-secondary academic institution) representative (or international coordinator) and that the above named student graduated in good standing from this institution on the date written above.

Name and Title of University Official

Signature

Date

(MM/DD/YYYY)

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Reference Form for Graduates

To be completed by one of your professors.

School Name: _____

Name of Reference: _____ Position/ Title: _____

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

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

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 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 Training 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 Training 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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Reference Form for Non-Graduates

To be completed by an employer in the field of proposed training.

Company Name: _____

Name of Reference: _____ Position/ Title: _____

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

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

E-mail Address: _____

Company Address:

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

When did the applicant begin and end employment with your company? Start Date _____ End Date _____

What were the candidate's job responsibilities with your company? Please explain.

Describe the candidates work habits—including his/her punctuality, grooming/hygiene, attention to detail, professional interaction with customers, completion of tasks without reminders, general attitude and motivations. Did the applicant work to his/her potential?

Is this candidate prepared to benefit from an intensive Training 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 participation in the Training 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 Training 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: _____

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 \$2,000 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 Intern 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 Intern Program.

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

Interviewer name: _____ Organization Name: _____

Interviewer signature: _____ Telephone Number: _____

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

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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 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): _____

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Participant Contract

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

- I recognize that the purpose of the training program is to enhance the skills and expertise of the exchange visitor in their occupational field. Through participation in a structured and guided work-based training 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 Americans' 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 Training program (22 CFR 62.22) and I agree to adhere to the goals, objectives, government regulations, and sponsor guidelines and policies of the J-1 Training Exchange Visitor Program: <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1bc531bf257789e45b3049bff8b50d64&r=PART&n=22y1.0.1.7.35>
- 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 that I understand the program information and this agreement.
- I confirm that the information that I have provided is true and accurate and that I have enclosed all support documentation.
- I understand that if the host company withdraws my placement offer or if I lose my placement for any reason (including natural disaster, pandemic, or business interruption) 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, possibly forfeiting any refund (depending on the circumstances of the individual situation).
- I understand that 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, including health insurance costs, paid to Dynamic Global Exchange.
- 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 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 understand that the intent of the Training program is in no way to encourage or allow immigration into the U.S.
- I understand that placement for Training 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 training that DGE will immediately withdraw its sponsor of my visa, I must return home immediately, and forfeit any refund.
- I understand that for hospitality placements greater than 6 months, I must complete 3 departmental/functional rotations.
- At the completion of the 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 Training visa and may withdraw its sponsorship in the event of my non-compliance with the sponsor or program regulation (22 CFR Part 62.22) 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 that 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 U.S. territory after my visa expires (even if my DS-2019 remains valid), I will be unable to re-enter the U.S.
- I agree to respond to all communication requests from my sponsor within 2 days. I will notify DGE immediately (within 2 days) if 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 training must not involve unskilled or casual labor and is for a minimum of 32 hours per week (of which not more than 20% can be clerical work.) I will notify DGE promptly if my assigned weekly work schedule is less than 32 hours per week.
- I certify that I will in no way do any training related to child/patient/elderly care, aviation, clinical or medical work, psychological counseling, social work, nursing, dentistry, veterinary work, speech therapy, or early childhood education.
- I agree not to begin training earlier than my program start date or train 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 Training 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 my 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 that my visa is denied, I will return my original DS-2019 (in-person or by certified mail) to my international cooperator with 3 days.
- I agree that I will maintain the health insurance provided to me by DGE. I understand that this insurance meets all program

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- regulations (22 CFR Part 62.22) and does not cover pre-existing conditions.
- 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 Training 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 to 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 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 agree to obey all local, state, and federal laws of the U.S. as well as the rules of my 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, DGE will withdraw visa sponsorship and I must purchase a departure ticket (with minimal advance notice) to return home within 5 days, forfeiting any refund.
 - I understand that all photos and testimonials (including those in emails 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, and accurate. Upon request, I will provide any additional documentation necessary to participate in this exchange program.
 - I understand that Dynamic Global Exchange will not provide me with financial or legal assistance before, during, or after my program dates.
 - 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 statement may cause my sponsor to withdraw sponsorship of my J-1 visa, with no refund, which will require me to depart the U.S. within 5 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.