



Work and Travel Program Participant Application Checklist

Complete Student Name: _____
Family Name *First Name*

This application checklist is provided, for your convenience, to help you verify that the application is complete.

- All information should be completed by the appropriate individuals.
- Application should be typed or handwritten in black ink.
- Incomplete applications will not be accepted until all missing documents have been received. This will delay processing of Form DS-2019.

Enclosed:

- One Passport Photo (with student name printed on the back of the photo)
- Work and Travel Participant Application (pages 1 - 7)
- Valid Email Address and Signature (page 1)
- Proof of Student Status (page 2)
- English Language Ability Section (completed and signed by English teacher - page 2)
- Program Conditions Signed By **Participant and Recruiter** (page 3 & 4)
- Interview Report Form (page 5)
- Documentary Evidence of Sufficient Funds - **\$750 minimum** (page 6)
- Accident and Health Insurance Form (page 7)
- Job Offer Form with Signed Statement of Acceptance
- Online Pre-Departure Questionnaire Certificate
(Completed and Signed by Student - <http://www.cetusa.org/wat/students/questionnaire>)

* Please remember to add **program start** dates and **work site** information to each student in the online **CEINSA** database.



CEINSA

Council for Educational Travel, USA

Summer Work & Travel Application Form

Attach
1
Passport
Photo

Personal Data to be completed by participant:

Family Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

Postal Code: _____ City: _____ Country: _____

Female: Male: Telephone: _____ Mobile: _____
Country Code City Code Number Country Code City Code Number

Birth City: _____ Birth Country: _____ Date of Birth: ____/____/____
Day Month Year

Citizenship: _____ Nationality: _____ Residence: _____
Country Country Country

Social Security Number (if applicable): ____ - ____ - ____

Have you previously participated on the Work and Travel Program? Yes No

Emergency Contact:

Name: _____ Relationship: _____ Telephone: _____
Country Code City Code Number

University Information:

Name of University: _____

Major Field of Studies: _____

Current Year of Study: ____ Expected Month/Year to receive degree and/or diploma: ____/____
Month Year

Official University Vacation Start Date: ____/____/____ End Date: ____/____/____
Day Month Year Day Month Year

Email Requirement:

I understand that CETUSA utilizes email to communicate with me before, during and after my Summer Work and Travel Program. I agree to maintain an active email account and to provide this email address to CETUSA. I agree to advise CETUSA of any changes in my email address. I understand that all information and materials sent to the email address I have provided CETUSA are treated as delivered. I am responsible for any negative consequences and/or additional costs that arise as a result of not providing CETUSA with an active email address.

Email: _____

____/____/____
Day Month Year

Participant's Signature



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Council for Educational Travel, USA

Dear School Official,

The student listed below is applying for a Summer Work & Travel Program in the United States. Your assistance in completing this form and returning it to the sponsoring agency in the student's home country is greatly appreciated.

If you have reason to believe for any reason that this student is an inappropriate candidate for this program, will you please indicate so on a separate sheet of paper?

Thank you very much for your cooperation,

PROOF OF STUDENT STATUS to be completed by a university official

I certify that Mr./Ms. _____ is currently enrolled in our institution as a full-time student for the academic year of _____.

Name: _____

Title: _____

_____/_____/_____
Day Month Year

University Official's Signature

School Seal

Please attach a copy of the student's most current transcripts.

ENGLISH LANGUAGE ABILITY to be completed by an English teacher

- Any applicant unable to communicate effectively in English is not qualified for the Summer Work and Travel Program.
- Please do not recommend unqualified students.
- Students who arrive in the U.S. and are unable to converse and perform the work they have applied for, due to lack of English, will lose program privileges and be required to return home.

Oral English Ability:	_____ Fluent	_____ Good	_____ Fair	_____ Poor
Written English:	_____ Fluent	_____ Good	_____ Fair	_____ Poor
Listening Comprehension:	_____ Fluent	_____ Good	_____ Fair	_____ Poor

Fluent: Extended vocabulary, precise in speech and comprehension.

Good: Moderate vocabulary, communicates reasonably well but sometimes doesn't understand.

Fair: Basic vocabulary, limited speaking ability, understands when spoken to slowly and clearly

Poor: cannot speak or understand English.

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

Teacher's Name: _____ Email: _____

Title: _____ Institution: _____

_____/_____/_____
Day Month Year

X _____
Teacher's Signature

J-1 WORK AND TRAVEL PROGRAM CONDITIONS to be read, understood, signed and initialed by the participant

- 1) I understand that CETUSA will provide Form DS-2019 to me as a qualified student prepared and willing to comply with Summer Work/Travel Program requirements. It is understood that CETUSA cannot guarantee that I will receive a J-1 visa from the U.S. Consulate. CETUSA has no influence over decisions made by U.S. Consular Officers. J-1 visas are issued with the understanding that the participant will fulfill program requirements and return to their home country at the conclusion of the program. The burden is on the participant to prove to the U.S. Consul clear intention to do so.
Please Initial: _____
- 2) I am aware that, in accordance with the program regulations, I am not authorized to be employed as a domestic employee in a United States household, in a position that requires me to invest my monies to provide myself with inventory for the purpose of door-to-door sales, or in employment involving any type of patient care.
Please Initial: _____
- 3) agree to start work no earlier than the start date indicated on my Form DS-2019 and end work no later than the end date on my Form DS-2019. My program status must be maintained in good standing. Failure to maintain good standing will result in dismissal from the program by CETUSA, necessitating my immediate departure from the United States.
Please Initial: _____
- 4) If no earlier departure date is indicated on my I-94 card adjudicated by the United States Department of Homeland Security, I understand that I may remain in the United States for up to, but not to exceed thirty (30) additional days after the program end date indicated on my Form DS-2019.
Please Initial: _____
- 5) I agree to attend compulsory Pre-Departure Orientation meetings in my home country before departure to the United States.
Please Initial: _____
- 6) I have read and understand all program rules, eligibility requirements and participant obligations. I am eligible for the program; I agree to meet my obligations to my program sponsor and follow program rules. I understand that I am required, by law, to inform CETUSA of my US address (residential address) upon arrival in the United States and to inform CETUSA of any address change within 10 days if I move.
Please Initial: _____
- 7) I understand that I may not change jobs or accept a second job without the expressed written consent of CETUSA. If I am authorized to work a second part-time job, I understand that the second job may not interfere with scheduled hours of the primary job position.
Please Initial: _____
- 8) Under CETUSA sponsorship, I am not allowed to quit my employment without prior consent from CETUSA. CETUSA will only grant consent to leave an employer in rare instances. Permission to leave an employer should never be assumed. I will not quit my employment without consulting with CETUSA. Job abandonment will likely result in termination of my program by CETUSA, necessitating my immediate departure from the United States.
Please Initial: _____
- 9) I understand that the J-1 Evidence of Support document, or written job offer in whatever form it exists, defines the agreement between myself and my employer for the duration of the program. The job position available to me will depend upon my English skills and interview with my employer. I understand all positions require good oral communication skills. In signing the job offer, I am agreeing to all conditions, namely: site of employment, job position, job responsibilities, salary, hours, scheduling, housing, employment start and end dates, as specified. Non-compliance with any of the conditions is reason enough to be changed from the job position or terminated from employment. If the employer terminates employment, CETUSA may, at its discretion, offer me another job or terminate my program.
Please Initial: _____
- 10) I understand that there are initial costs upon arrival in the U.S., not limited to, but which are likely to include: securing housing, paying for food, transportation and entertainment and being prepared in the event of an emergency such as a delay in the employment start date, the need for relocation, or other. I understand that up to several weeks may pass while I work before I will begin receiving a paycheck from my employer. I must have a **minimum of \$750** available to bring with me to the United States to cover such costs. I understand, too, that I am responsible for my own expenses related to all travel and all other personal expenses incurred prior to arrival at my job site and at the end of my Work and Travel Program assignment until my return home. I fully understand and agree to accept the costs regarding lodging and transportation.
Please Initial: _____
- 11) I am fully responsible for thoroughly reading and asking the recruiter for clarifications regarding: the program conditions stated above, the refund policy if I resign from the program or am denied a J-1 visa, information provided in the Work and Travel Participant Handbook, and information in the insurance brochure explaining insurance coverage. I understand how to use my medical insurance and will carry the insurance telephone number and insurance identification card with me at all times .
Please Initial: _____
- 12) I agree to abide by all federal, state and local laws while in the United States. I agree to abide by the rules established by CETUSA stated above. I understand that a violation of any law, regulation or rule could result in my dismissal from the program.
Please Initial: _____
- 13) I authorize CETUSA to release information provided with this application for the purpose of placement at a CETUSA approved site. I understand that this release may take the form of photocopy, verbal and/or electronic transfer of the information contained in this application.
Please Initial: _____
- 14) I have not had any person complete the application for me. I have been given sufficient time and guidance to read all program documents, ask questions, receive answers and sign. I further declare that I am not signing under any type of pressure and that my understanding of the above is clear. My signature at the bottom of this page indicates that I understand all of the above and agree to adhere to the program conditions to successfully complete my program. I recognize that any false statement on my part or submission of inaccurate documents or information may result in forfeiture of my place on this program with no entitlement to any refund of my fee or any expenditure.
Please Initial: _____

LIABILITY RELEASE

I, the undersigned, as the participant in a program organized and directed by Council for Educational Travel USA (CETUSA), hereby release CETUSA, its Officers, Board of Directors, and Agents from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the participant for the duration of the CET program, whether covered by insurance or not. I further understand and agree I am responsible for any loss, damage or injury caused during participation in the CETUSA exchange program.

I have not personally misrepresented, and I do not have knowledge of misrepresentation, on any portion of this application. In the event of misrepresentation, I understand that CETUSA may dismiss me from the CETUSA program and send me home. In the event of repatriation, I shall bear all costs incurred. I understand that any and all program fees are nonrefundable.

____/____/____
Day Month Year

X _____
Participant's Signature

COMPLETION OF PROGRAM

I understand that the program ends on the end date indicated on my Form DS-2019 or on the date indicated on my I-94 card, whichever is earlier. CETUSA does not accept any responsibility for participants who remain within the country for longer than the time period indicated on the Form DS-2019.

____/____/____
Day Month Year

X _____
Participant's Signature

- I have been given the opportunity to ask questions for clarification of the program conditions.
Please Initial: _____
- I have been given sufficient time to read and understand the program conditions.
Please Initial: _____
- I have not been hurried or coerced to sign the program conditions.
Please Initial: _____
- I hereby sign my name as evidence that I understand the LIABILITY RELEASE and COMPLETION OF PROGRAM and agree to abide by the J-1 SUMMER WORK AND TRAVEL PROGRAM CONDITIONS:

____/____/____
Day Month Year

X _____
Participant's Signature

____/____/____
Day Month Year

X _____
Recruiter's Signature



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Council for Educational Travel, USA

Interview Report

I will conduct this interview in English. Recruiters Initials: _____

Student Name: _____ Interviewed by: _____

Interview Date: _____ Partner Office / Country: _____

What is the student's reason for applying to the program? _____

Does the student have any family or friends in the U.S.? Yes No
If yes, please list full contact information:

Name: _____ Telephone: _____ City/State: _____

Please ask the student to discuss how participation of the Work & Travel Program will benefit him/her.

Does the student demonstrate a good understanding of his/her benefits?

Benefits: Cultural Experience Gain better knowledge of the English language Earn Money

Please ask the student to discuss his/her understanding of the student's obligations to CETUSA as the sponsor.

Does the student demonstrate a good understanding of his/her obligations?

Obligations: Register U.S. living address within 72 hours of arrival Contact CETUSA with any concerns/problems.
 Update any address changes within 10 days Do not quit your job without prior, written consent from CETUSA

Please ask the student to discuss his/her understanding of the student's obligations to the employer.

Does the student demonstrate a good understanding of his/her obligations?

Obligations: Show up to work on time If you are unable to go to work due to illness or other reasons, call to inform your employer
 Treat all co-workers and management with respect Must work until end date agreed to in the job offer

Is this student able to carry on a conversation in English? Yes No

How do you know? _____

Do you recommend this student and feel they will have a successful program? Yes No

How do you rate the student's verbal English skills? Fluent Good Fair Poor

Fluent: Extended vocabulary, precise in speech and comprehension.

Good: Moderate vocabulary, communicates reasonably well but sometimes doesn't understand.

Fair: Basic vocabulary, limited speaking ability, understands when spoken to slowly and clearly.

Poor: cannot speak or understand English.

How do you rate the student's interpersonal skills? Excellent Good Average Poor



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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 document is proof that you will have a minimum of \$750USD to be monetarily self-sufficient upon arrival in the U.S.

I, the undersigned, (Please PRINT name) _____

Declare that I am: Parent/Guardian Legal Representative

Of: _____, who is enrolled in CETUSA's Work and Travel program.

I **guarantee** that he/she will be leaving for the U.S. with a **minimum** of \$750USD.

Parent/Guardian or Legal Representative's address:

Name

Address

City

Postal Code

Country

Telephone

Fax

Email

Day / Month / Year

X _____
Signature of Parent/Guardian or Legal Representative



Accident and Health Insurance

Information regarding accident and health insurance:

All program participants are provided an accident and health insurance policy in compliance with U.S. State Department regulations. The cost of your insurance is included in your program fee.

Your insurance policy will take effect on the program start date. The start date will be indicated on your Form DS-2019. The insurance policy will be in effect until your program end date. The program end date will also be indicated on your Form DS-2019.

Additional Insurance Option:

- I wish to purchase additional program insurance, in the amount of \$25 USD, for a period up to 2 weeks (14 days) prior to my program start date as stated on my Form DS-2019.
 - I wish to purchase additional program insurance, in the amount of \$40 USD, for a period of up to 4 weeks and 2 days (30 days) immediately following my program end date as stated on my Form DS-2019 as a participant.
 - I do not wish to purchase additional insurance for the time I may be in the U.S. but not on the Summer Work/Travel Program. I agree to purchase separate insurance for any time I will be in the U.S., not during the official program duration as stated on my Form DS-2019.
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Statement of Acceptance:

I understand that it is my responsibility to arrange insurance coverage for any additional period of time that I am in the U.S., prior to the program start date or following the program end date.

I further understand that, should my program be terminated for any reason, the insurance policy provided to program participants is forfeited.

_____/_____/_____
Day Month Year

X _____
Participant's Signature