



Please type or print neatly in black ink, and fill out form completely. Send the completed application to your Work & Travel USA/InterExchange representative.

Last Name		First Name		Middle Name	
Present Street Address				Telephone Number	
City		Postal Code			
Country		Valid Until			
Permanent Street Address				Telephone Number	
City		Postal Code			
Country		Valid Until			
City of Birth		Country of Birth		E-mail Address	
Country of Perm. Residency		Country Issuing Passport		Country of Citizenship	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date of Birth: Month _____ Day _____ Year _____	

**Attach photo here.**  
*smile*  
Photos should be no larger than the space provided here.

**Work/Leadership/Volunteer Experience:** Please list the most recent/current experience first. Please provide at least one supporting reference, translated into English.

TYPE OF WORK/TITLE	DUTIES	NAME OF ESTABLISHMENT	DATES

**Hobbies and Skills:** Please check all the areas that best describe your primary interests.

<input type="checkbox"/> Cooking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Theater/Movies	<input type="checkbox"/> Do-It-Yourself	<input type="checkbox"/> Swimming	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Skiing	<input type="checkbox"/> Writing
<input type="checkbox"/> Photography	<input type="checkbox"/> Artwork	<input type="checkbox"/> Dance	<input type="checkbox"/> Computers	<input type="checkbox"/> Tennis	<input type="checkbox"/> Sailing	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Football
<input type="checkbox"/> Singing	<input type="checkbox"/> Musical Instruments:	<input type="checkbox"/> Other:					

Do you have a national driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an international driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a lifeguarding certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have coaching experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of study _____	Other subjects studied _____
Have you ever been to the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ With which program? _____
Other travels (not in the United States) _____	
<b>Type of Job Desired:</b> (Please refer to Job Information section of Program Brochure)	
1. _____	2. _____ 3. _____
<b>Location desired:</b> (Please refer to Job Information section of Program Brochure)	
1. _____	2. _____ 3. _____
U.S. Arrival Date (mm/dd/yy) _____	Last Day of Work (mm/dd/yy) _____

**Office use only**

University Presently Attending	Are You a Full-Time Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Initial Enrollment	Estimated Date of Graduation
Years of English Total _____ Secondary School _____ University _____	Other Languages Spoken

How did you hear about the Work & Travel USA program, and why did you decide to participate?

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Please use this space for special requests, or for any additional comments about yourself which would be useful when considering your application and any special placement requests, i.e. with friends, partners, etc. (not all requests can be accommodated).

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In order to best meet your expectations for the program, please rate which is most important to you:

Saving Money  Traveling  Skiing (Winter Only)      Comments:

Do you smoke?  Yes  No  Occasionally      If yes, how much?

**State of Health and Remarks:** Include any allergies, special diets, religious obligations or any physical/mental conditions that could affect your participation and placement in a particular area. Please use extra paper if necessary. This information is very important, and failure to report fully on the state of your health may result in inadequate health insurance coverage while in the United States.

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**Release of Medical Records:** In case of medical emergency or hospitalization, I hereby authorize any medical institution or healthcare professional to release my medical records to an InterExchange Representative to ensure that all necessary measures are taken on my behalf.

\_\_\_\_\_ sign and date

**Emergency Contact Address (Must Speak English)**

Name of Emergency Contact	E-Mail Address	
Emergency Contact's Mailing Address		
City	Postal Code	Country
Emergency Contact's Telephone/Mobile Number	Emergency Contact's Relationship to You	

**Parent Information**

Father's Name and Occupation	Mother's Maiden Name
Telephone/Mobile Number	E-Mail Address
City	Country



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## InterExchange Work & Travel USA Program Agreement

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Please read the following carefully and be sure you understand all the points. This is a legal and binding agreement that shall constitute part of your agreement with Work & Travel USA/InterExchange.

- I agree that I will perform my duties to the best of my ability and indemnify, without limitation, InterExchange, its directors, officers, employees, agents and organizations affiliated with it, against any loss or damage suffered by any of them, or any claims made against any of them as a result of any breach or negligence by me during my participation in the program.
- I will attend all orientation sessions in my home country and the city of arrival in the U.S.
- I will carry out the duties and responsibilities of the position of which InterExchange has arranged for me. I acknowledge that InterExchange is primarily a cultural exchange organization rather than an employment agency and only facilitates the arrangements between my employer and me and that any employment relationship is solely between my employer and me. This employment is temporary and runs for the duration of my work authorization documents (J-1 visa and DS-2019 form). I understand that if my work is not satisfactory to my employer, he/she holds the right to fire me. I agree to work the entire period as stated on the work agreement letter. Not working through the period that I have indicated constitutes a violation of my agreement with my employer and may lead to my visa being cancelled and my termination from the program. In addition, I will not accept any form of employment other than what is permitted by the work authorization documents.
- I understand that taking a second job is allowed as long as it does not interfere with the duties and responsibilities of my primary place of employment.
- I will not terminate my contract with my employer, or change jobs, without the approval my employer and consent from an InterExchange Program Coordinator.
- After fulfilling my contract with my employer, I will return to my home country within 30 days of the expiration date of the DS-2019 form.
- I will cooperate fully with those supervising the program on behalf of and in cooperation with InterExchange, and I agree to abide by any reasonable instructions that they may give me.
- I hereby agree that InterExchange, Inc., its officers, employees, affiliates and agents may, without liability, or expense to themselves, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital or health-related facility for medical services and treatment or, if no hospital or health-related facility is readily available, may place me in the hands of a local medical doctor or health provider for treatment or service.
- I am between the ages of 18 and 28 and a full-time student at a tertiary level of education.
- I will be covered by health and accident insurance for the length of my stay in the U.S.
- I will obtain a valid passport and comply with all vaccinations and immunization requirements.
- I will complete all visa requirements in accordance with instructions.
- I will obey all U.S. federal, state and local laws.
- I understand and agree that any controversy, dispute or claim arising out of, or in connection with this agreement, the relationship of the parties, or its interpretation, performance or non-performance, or any breach thereof shall be determined solely in arbitration conducted in New York City in accordance with the then existing rules of the American Arbitration Association.
- I agree to register in the SEVIS tracking system within 10 days of my program start date, and to notify InterExchange of any change in my address within 10 days of the change.

I, the undersigned, an applicant to be a participant in the Work & Travel USA program sponsored by InterExchange Inc., agree to the terms and conditions set forth in this application and agreement.

### Personal Declaration:

I confirm that I have read and understand the application and agreement and that the information I have provided is true, complete and accurate.

Applicant's Signature

Date

Parent or Guardian's Signature (if applicant is under the age of 21)

Date

Print Name

Parent or Guardian's Printed Name

### Application Checklist:

Please make sure you send all of the following items to your Work & Travel Program/InterExchange representative. An interview cannot be arranged until all the necessary documents are provided.

- Completed Application Form
- Proof of Student Status
- Copy of Passport
- Driver's License (If Applicable)
- Two References
- Lifeguarding Certificate (If Applicable)
- Resume/Curriculum Vitae (If Applicable)
- Personal Essay (If Applicable)

Please remember to sign the application in the Personal Declaration above.