

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.

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 |

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

InterExchange Work & Travel USA Program Agreement

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 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 not pay and have not agreed to pay any person for help in obtaining my job offer (for example: I will obtain or have obtained my job offer through my own research, communication and efforts only).
- I will not pay and have not agreed to pay any person for services related to obtaining my job offer including an arrangement of transportation to my job site, arrangement for housing, etc.
- I understand that my job offer will not be accepted if arranged by a third party, a staffing agency or an employment agency.
- I understand that I can only accept a job offer where I will be paid directly by the establishment that I work for and not by any other party.
- I understand that InterExchange reserves the right to cancel any applicant from the program without refund if an applicant is found to have a falsified, inaccurate or inappropriate job offer. InterExchange will phone self-arranged employers to confirm self-arranged job offers. An applicant will be cancelled if after speaking with the employer, the job offer is found to be unacceptable, a housing deposit has not been paid, or InterExchange was unable to contact the employer.
- I will attend all orientation sessions in my home country.
- I will carry out the duties and responsibilities of my position. 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 form/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 without the approval of the employer.
- 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 in the Work & Travel USA program sponsored by InterExchange Inc., agree to the terms and conditions set forth in this application and agreement. I confirm that I have read and understood the application and agreement and that the information I have provided is true, complete and accurate.

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.

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|-----------------------|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant's Signature | Date | Parent or Guardian's Signature (if applicant is under the age of 21) | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Print Name | | Parent or Guardian's Printed Name | |