

Dear Direct Placement Applicant,

Thank you for choosing InterExchange Camp USA to obtain your visa documentation this summer. On this page you will find a few important things you need to know about the Direct Placement program.

Remember that to apply for this program, you:

- 1 Must be a foreign national who is a student, teacher, youth worker or other individual with specialized camp-related skills. Applicants who are applying for support staff positions MUST be full-time university students younger than 28 years old.
- 2 You must be at least 18 years old by June 1 of this year.
- 3 You must have a confirmed camp placement.

The Application

Please fill out the whole application using black ink. We request this information in order to comply with U.S. State Department regulations, so you must complete each section in full. All additional pages included in your application must be cut to the 11-inch length of the application. Use the Application Checklist on page 4. Here are some helpful tips:

The Date

Please write all dates in the month/day/year format. For example, January 31, 2012 is written 1/31/12.

Start and End Dates

We will set the start date of your DS-2019 form (the form necessary to obtain your J-1 Visa) according to the dates listed on your camp contract. If you need to arrive at camp more than a few days before your official start date, you must include a separate note with your application stating the date you will actually depart from your home country.

Insurance Dates

You need to be covered for the entire duration of your stay in the U.S. Please make sure to indicate the first day you will enter the U.S. and how many months and half months you will need. You can always purchase additional insurance.

References

You need to include one reference from a professor, employer, coach or youth group leader. InterExchange Camp USA cannot accept references from friends, co-workers or relatives. Please use the skill reference form included in this application. If your referee does not speak English, please translate the reference form into that person's first language, make sure he or she fills out the reference form completely, and then translate the referee's comments back into English. Include BOTH the original and the translation with your application. If you worked at this camp last summer, you may use your written end-of-season evaluation as a reference.

Contract

Include a copy of your signed contract, written on camp letterhead. The contract must include your job title/description, your salary, the start and end dates of your employment and who will be responsible for your travel arrangements to the U.S.

Medical Form

Please complete Part 1 of your medical form and have your doctor complete Part 2. Keep a copy in case you need it during the summer.

Police Background Check

You must apply for a police background check from your local police department. Please note that you will have to wait several months to receive your police background check after you have applied for it. We encourage you to apply for it immediately so it does not delay your entire application. The receipt is not sufficient as a substitute for the actual police background check. All police background checks must be from within the last 6 months and must be submitted with your application.

If you have any other questions about the InterExchange Camp USA Direct Placement application, please contact your international cooperator or InterExchange Camp USA. Summer camp is a valuable experience and a great responsibility. We hope you take it seriously and we wish you the best of luck with your application.

The Camp USA Team

Direct Placement Application Information

Thank you for choosing InterExchange Camp USA to obtain your J-1 visa documentation. Here are a few important things you need to know about the Direct Placement program:

- **Your Contract:** You must send us a copy of your signed camp contract on camp letterhead. The contract should include your job title/description, salary, start and end dates of your employment and who is responsible for your travel arrangements to camp. Remember that this contract is important not only to InterExchange Camp USA but to you as well. InterExchange Camp USA expects you to make arrangements for your salary and work schedule on your own, and we will be unable to help you if problems arise later in the summer. A clear contract will protect you if anything goes wrong.
- **Police Background Check:** You should apply for this as early as possible as it may take over a month to receive it. Please do not send in your application without your police background check. We cannot process your application without it. Receipts for police background checks are not accepted. Your police background check must be dated within the last 6 months, and you must include an exact translation if it is not written in English.
- **Insurance:** Direct Placement Participants must be covered by InterExchange Camp USA insurance. This insurance meets the requirements outlined by the U.S. Department of State. All participants must purchase insurance covering your entire camp contract, plus an additional month for travel. You must purchase the additional month whether or not you are traveling within the United States after camp.
*All applicants, please note: Insurance from InterExchange Camp USA does not cover pre-existing conditions.
- **Fees:**
InterExchange Camp USA Direct Placement Program Fee: \$350 USD (This includes \$35 SEVIS Fee).
InterExchange Camp USA Insurance Fee: \$40 per month or \$20 per half month

How to Pay: You have two options for payment:

1. **Credit Card Payments:** Pay online at www.InterExchange.org. Or, download the Payment by Credit Card Form from our Participant's Resource Center and include it with your application.
2. **Check or money order** made payable to InterExchange, Inc. Checks must be drawn on a U.S. bank in U.S. dollars. Send to InterExchange at the address below.

Key Application Steps:

1. Direct Placement participant submits complete application and fee to IEX. Please let us know if your camp director, or anyone besides yourself, will be making this payment.
2. InterExchange Camp USA faxes and emails a confirmation form to your camp director. camp director confirms placement by submitting forms to InterExchange.
3. InterExchange Camp USA prints your DS-2019 form.
4. InterExchange Camp USA transfers your \$35 SEVIS fee to the State Department. This process takes 3 days.
5. InterExchange Camp USA sends your DS-2019 form to you by Express Mail or Global Priority Mail. If we ship it to you, we ship it to the address you list on your application unless you specifically ask us to do otherwise. UPS does not ship to P.O Boxes so please provide an alternate address if this is the case.

*Please note that your DS-2019 form will be printed as soon as we have your complete application AND a placement confirmation from your camp. Your paperwork will be sent to you within 3 weeks of the placement confirmation, not 3 weeks from when we receive your application. Our 3-week guarantee does not apply to applications we receive after the deadline.

Please Note:

- Direct Placement applications must arrive in the office by April 30, 2012. InterExchange Camp USA cannot guarantee that we will process any application that arrives after this deadline.

Late Penalties:

- Applications arriving from May 1st to May 8th will incur a \$100 late penalty.
- Applications arriving from May 9th to May 23rd will incur a \$125 late penalty.
- No applications will be accepted after May 23rd.
- Late applications submitted without late fees will not be processed until those fees are submitted.
- InterExchange Camp USA will not print your DS-2019 form until we receive payment of your program and insurance fees. Also, we will not bill camps for these fees. As a result, if your camp has agreed to pay for your fees, you may want to send your application to your camp and have them forward it to InterExchange Camp USA along with a check or credit card payment.
- We are not responsible for applicants who make flight arrangements without first receiving a DS-2019 form.
- Even after you receive your DS-2019 form, you will still have to visit the U.S. Embassy in your country to obtain your J-1 Visa (unless you are Canadian). The duration of this process varies from country to country and is not included in our 3-week wait time to get your DS-2019 form. Make sure you leave enough time in your schedule for visa processing as the wait list becomes long in May and June.
- Cancellation Policy: To be eligible for a refund, you must return the DS-2019 form to InterExchange Camp USA by September 1, 2012. We cannot issue a refund without the DS-2019 form and we will not begin issuing refunds until September. A Direct Placement Participant who cancels from the program before the DS-2019 form is issued is entitled to a refund of everything except \$50 (and any applicable late fees). A Direct Placement Participant who cancels from the program after the DS-2019 form is issued or who is denied a visa is entitled to a refund of everything except \$100 (and any applicable late fees). Under no circumstances will we issue a refund to a Direct Placement Participant who has already entered the U.S. The \$35 SEVIS fee, included in the Program Fee, is entirely non-refundable.
- InterExchange Camp USA does not accept any documents via fax. All documents must be originals except for police background checks. Please keep your original background check to submit to the U.S. Embassy and send us a photocopy. You should also keep a complete copy of your application for your records.
- Please be aware that we will send your DS-2019 form to the address you list in the Correspondence Information section of your application. Please use an address at which you will be able to receive mail until June.

We look forward to receiving your application!

Best Wishes,
InterExchange Camp USA
Seth Friedman
Program Manager

All Direct Placement applicants must complete the enclosed application and include all requested information, regardless of A previous participation. Please keep a complete copy for your records.

Name:

- Application Form** (Type or print neatly in black ink. Complete all information.)

- 1 Skills Reference** (Form is included in application packet. If you worked at this camp last summer, you may use last summer's performance evaluation in place of this form.)

- Proof of Student Status** (SUPPORT STAFF ONLY.) Submit an official letter with a stamp from your university stating that you are a full-time student. Letters from professors and student ID cards are not acceptable.)

- Terms and Conditions** (Located on page 9. Sign and date – MONTH/DAY/YEAR.)

- 2 Official Passport-Size Photos** (Should fit in the space provided on the front of the application.)

- Photocopy of Passport** (Only copy the first page with your photo and information.)

- Medical Report** (Form included in application packet.)

- Police Background Check** (Must be dated within the last 6 months.)

- Copies of All Certifications** (Optional.)

- Confirmed Placement Offer** (Must include your stipend, dates of employment and position at camp and must be typed on camp stationery, signed and dated by your camp director.)

- Program, Insurance and SEVIS Fees** (All fees must be paid in full before your application is processed. If you are submitting your application after our deadline, please include the appropriate late fee.)

Direct Placement Application FAQ

Q: When should I apply for my police background check? Can I just send my police background check from last year?

A: Immediately! Even if you are just thinking of coming to camp this summer, you should go ahead and apply for your police background check. In many countries, these can take over a month to process so be sure to apply for it early. We cannot accept a receipt from the police station as a valid police background check. Your police check must be dated within the last 6 months, so even if you have one from last summer, you must apply for a new one. Also, be sure to include a translation of your police background check if its not written in English.

Q: When can I send in my Direct Placement application?

A: As early as possible! We encourage participants to send in their applications as soon as they are complete especially if this is your third summer as these spots fill up fast. We print DS-2019s in the order that the applications were received. The earlier you send it in, the earlier you will get your paperwork! However, we recommend that you send in your application at least 2 months before you are supposed to be at camp to ensure that you have enough time to receive the paperwork, get a visa appointment and find a flight to get you to camp on time. We will not accept any applications after May 23, 2012.

Q: How long will it take to process my application?

A: Once we receive your complete application and confirm your placement with your camp, you will get your DS-2019 form and SEVIS receipt within 3 weeks. Many times, applications are delayed because something is missing from the application such as payment or confirmation from your camp director. Be sure to send in a complete application with full payment and remind your camp director to fill out the Direct Placement Camp Director's Form as soon as he or she receives it. Our 3-week guarantee does not apply to applications we receive after the deadline.

Q: What is the SEVIS fee and why is it non-refundable?

A: SEVIS (the Student and Exchange Visitor Information System) was created by the U.S. Department of State to track student and exchange visitors entering and exiting the country. All J-1 Visa applicants must pay this fee. It is non-refundable because InterExchange Camp USA must pay the \$35 to the government before the SEVIS receipt is issued. Therefore, this fee must be paid before any of your paperwork can be printed, and we cannot return SEVIS receipts to the government for a refund if you are unable to come on the program.

Q: Can I send in my application after the April 30th deadline?

A: Yes, but InterExchange Camp USA cannot guarantee that we will process your application. You must include the appropriate late fee with your application if it will arrive after the April 30th deadline. We only have a certain number of DS-2019s to distribute each season and we may run out after the initial deadline. Be sure to apply early to avoid this problem. Our 3-week guarantee does not apply to applications we receive after the deadline.

Q: I mailed in my application this week and I have my Embassy appointment next week. Can you send me my DS-2019 form as soon as you receive my application?

A: No. First, we process applications in the order we receive them. Second, we work with the U.S. Government to obtain your paperwork, which is a lengthy process. You must schedule your visa appointment within a realistic timeframe. Remember that while we will process applications as quickly as possible, we will send your paperwork out within 3 weeks of receiving your complete application and confirmation of placement from your camp.

Q: When should I make my visa appointment?

A: You will receive an email from us when all of your paperwork has been processed and sent out to you. You should plan to have your interview about 2 weeks after you receive this email. However, you should do some research into how long it will take to get an interview at the Embassy as wait times for interviews at the Embassy vary from country to country. You should check visa wait times at www.travel.state.gov/visa/temp/wait/tempvisitors_wait.php. You may also want to try calling the Embassy to see how long it will take for you to get an interview. This is especially important during May and June as it becomes very busy during this time of year. **DO NOT WAIT UNTIL THE LAST MINUTE TO MAKE AN APPOINTMENT!** There have been many participants in the past who have waited until late May to try to schedule an interview and were not able to get an appointment in time for them to get to camp.

Q: When should I book my flight?

A: You should wait to book your flight until the Embassy has returned your passport to you with a valid J-1 Visa stamp! Do not book your flight until you are holding your visa in your hand. While we know that it becomes more expensive to buy a ticket at the last minute, you don't want to lose money on a flight that you can't make because of a visa denial or a delay in getting an appointment at the Embassy.

Q: What is the difference between a counselor and a support staff position?

A: Counselors work directly with children, typically as a cabin leader or as a specialty instructor. Support staff are involved with the behind-the-scenes work, such as kitchen and maintenance. Please be sure you are clear about your position at camp, as a mistake can put your visa in jeopardy.

CLEAR FORM

PRINT FORM

Please read the accompanying instructions and fill out this form completely. Print neatly in black ink.

For office use only

Ref. No. _____
 IC _____
 Country _____
 CP _____
 SD _____ ED _____
 Skills _____

Placement Information

Paste one official passport photo here.

 S M I L E !

 Photos should be no larger than this space.

Camp Name _____

Camp Director's Name _____

Camp Phone Number _____ Camp Fax Number _____

Camp Email _____

Position at Camp _____

Personal Information (as it appears on your passport)

First Name _____ Middle Name _____ Last/Family Name _____

Age on next June 1 _____ Contract start date _____ Contract end date _____

Date of birth: Month: _____ Day: _____ Year: _____ Male Female

Country issuing passport _____ Country of permanent residence _____ City of birth _____ Country of birth _____

Applying for (Select only one and complete the rest of the application accordingly. If you have questions please see FAQ.)

Counselor Support Staff (full-time students only)

Are you a student? Yes No Secondary School Student University Student Graduate School Student

Name of School _____ Field of Study _____ Anticipated graduation date _____

If you are not a student, complete the next line

Name of current employer/company _____ Position/Occupation _____ Length of employment _____

Have you ever participated in an exchange program? Yes No

If yes, please list all of the programs you have participated in, with the most recent program first.

| Name of camp/school/workplace | Position | Name of sponsoring organization | Dates participated (Month/Day/Year) |
|-------------------------------|----------|---------------------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

For Office Use Only:

Initial Application Arrived _____ Application Entered _____ Missing Email Sent _____ 2nd Missing Email Sent _____

Application Complete _____ Sent to Camp _____ Camp Reminder Sent _____ Placement Confirmed _____

DS-2019 Sent _____ Notes: _____

Correspondence Information (Please fill out all fields)

Street address (Please use the address where you would like us to send the official sponsorship paperwork.)

| | | | |
|-------------------------------------|--|-------------|---------|
| City | State | Postal Code | Country |
| Phone (with country and city codes) | Mobile phone (with country and city codes) | Email | |

Emergency Contact (English-speaking)

| | | | | |
|---------|-------|-------------|---------|--------------|
| Name | | | | Relationship |
| Address | | | | Phone |
| City, | State | Postal Code | Country | Email |

Friend/Family Contact in the United States Yes (Please provide information below) No

| | | | | |
|---------|-------|----------|--|--------------|
| Name | | | | Relationship |
| Address | | | | Phone |
| City | State | Zip Code | | Email |

Medical History

Please be as detailed as possible. A signed medical form from your doctor is also required.

All participants in this program must be covered by accident and health insurance for the length of their involvement in the program and stay in the United States.

| | | | |
|---|------------------------------|-----------------------------|--------------------------|
| Are you in good health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you have any physical disabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe: |
| Do you have any dietary restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe: |
| Have you ever or are you currently suffering from an eating disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe: |
| Do you have any allergies or special medical requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe: |
| Have you ever suffered from a behavioral health disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please describe: |

Visa History

Have you ever applied for a United States visa before? Yes No If yes, from what country did you apply? _____

What was the final decision of the U.S. Embassy/Consulate? _____

Passport #: _____

Past Experience

Please list two of your past jobs (paid or voluntary) and describe how they will be relevant to your position at camp.

Company 1

Name of Company:

Dates of Employment:

Details:

Company 2

Name of Company:

Dates of Employment:

Details:

Camp Placement

Please list the position you will have at camp this summer, and in 3 to 4 sentences, describe your job responsibilities and/or daily role at camp.

Position

Job Description

DIRECT PLACEMENT PARTICIPANT APPLICATION AND AGREEMENT

I _____ apply to be a participant in an InterExchange, Inc. Camp USA Division Program. I have read and understand various related matters made available to me and written in English. I am over the age of 18 years having been born on _____ (Day/Month/Year).

As a Participant I agree to:

- Submit a completed application packet to the international cooperator or to InterExchange, Inc. in New York.
- Pay a program fee, insurance fee and SEVIS fee to his/her international cooperator or to InterExchange, Inc. in New York. The participant's camp may pay this fee, but InterExchange, Inc. must receive payment before printing the DS 2019. Canadians may submit proof of another valid insurance policy if they choose not to take InterExchange, Inc. insurance.
- Obtain a valid passport and comply with all vaccination and immunization requirements. The participant must complete all visa requirements in accordance with instructions and obtain a J 1 Visa at an American Embassy or Consulate in his/her home country. (There may be a visa-processing fee, which is not covered by InterExchange, Inc.)
- Not accept any form of paid employment in the U.S. during his/her stay other than the position at his/her assigned camp.
- Comply with all rules and regulations of InterExchange, Inc. Camp USA program, the assigned camp and all U.S., federal, state and local laws.
- Be responsible for any personal debts incurred during the program.
- Comply with all visa regulations.
- I understand that I am not an employee of InterExchange, Inc. InterExchange, Inc. does not own or operate summer camps and is not liable for the decisions and actions carried out by the proprietors and/or directors of the camps.
- I understand that, as a Direct Placement participant on the InterExchange, Inc./Camp USA program, I am required to be interviewed by my prospective camp. I am also responsible for maintaining medical insurance coverage that is in compliance with U.S. government regulations for the duration of my stay in the U.S. In addition, I understand that I am responsible for negotiating my wage and organizing and paying for my travel and all fees associated with my application.
- I will fully cooperate with InterExchange, Inc. and those supervising the program on behalf of and in cooperation with InterExchange, Inc., and I agree to abide by any reasonable instructions they may give me.
- I understand that InterExchange, Inc. will not begin processing my application until it is complete and paid in full. I also understand that I must allow 3 weeks from my camp director's confirmation of my placement for InterExchange, Inc. to send out my paperwork.
- I understand that, as a Direct Placement participant, I am not a Self-Travel participant, even if I am from a Self-Travel country, and I am not eligible for a Self-Travel Supplement. Additionally, I am not eligible to spend a free night in the New York City hostel prior to traveling to my camp. I understand that I am responsible for all transportation to and from camp, including my international flights.
- I understand and agree that any photos and/or videos of me that I submit to or that are taken by InterExchange, Inc. during the camp season may be used for promotional purposes. Further, I understand that I must present written documentation to InterExchange, Inc. if I oppose this policy.
- I hereby warrant that the information I have given in the application and at the interview is true and complete. Further, I agree that I will perform my duties as a camp counselor/support staff to the best of my ability and indemnify, without limitation, InterExchange, Inc., its directors, officers, employees, agents and organizations affiliated with it, against any loss or damages 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 further agree that I will not hold InterExchange, Inc., its directors, officers, agents, employees and organizations affiliated with liable in connection with any loss, damage, personal injury, delay or expense suffered or incurred by me, resulting from any act or omission of any carrier, any member of the camp or

any other body, corporate or non-corporate, in relation to transportation to and from and within the U.S., my duties as a camp counselor/support staff or any other facility or service organized on my behalf.

- I hereby agree that InterExchange, Inc., its directors, officers, employees, agents and organizations affiliated with it may, without liability or expense to themselves, in its sole discretion, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital or clinic for medical services and treatment if deemed reasonably necessary by a health professional.
- It is specifically understood and agreed that any controversy, dispute or claim arising out of or in connection with this agreement, the relationship of the parties hereto or its interpretation, performance or non-performance, or any breach thereof shall be determined according to laws of the State of New York and solely in arbitration conducted in New York City in accordance with the then existing rules of the American Arbitration Association. In the event of violation by any party hereto or for any attempted or actual breach of this controversy determination provision shall obligate such breaching party to the other for all costs, expenses and disbursements, including attorneys' fees incurred in addressing such breach and/or the correction or amelioration thereof.
- I give permission to InterExchange to (i) take and retain any photographs, videos, audio recordings and other depictions of me (collectively, the "Reproductions") during activities associated with InterExchange; (ii) retain any Reproductions that I submit to InterExchange, or that I post on any InterExchange-branded or InterExchange-affiliated media site, social networking site or video upload site or "channel" or blog, including, without limitation, Facebook, Linked-In, YouTube, Twitter, or any other electronic site; and (iii) publish, distribute and display, either in whole or in part, any Reproductions in any and all media throughout the world, including, without limitation, media sites, social networking sites, video upload sites or "channels," blogs, electronic postings, calendars, brochures, advertisements and other promotional materials.
- I hereby waive compensation and any right to inspect or approve any such uses and Reproductions. I will not submit any Reproduction unless I have first obtained permission from each person whose name, image, voice, or likeness is included in the Reproduction, and each such person has granted me and InterExchange all copyright and other intellectual property rights, including renewal rights, necessary to use the Reproduction and his or her name, image, voice and likeness in it. I hereby release, discharge and agree to hold InterExchange harmless from any liability arising out of InterExchange's use of the Reproductions, including any blurring, distortion, alteration, optical illusion or use in composite form with other works. I hereby assign all copyright and other intellectual property rights, including renewal rights, to InterExchange, in any materials produced that are the subject of this Release.

Cancellation/Refund Policy •

- The \$35.00 SEVIS fee is completely non-refundable. Shipping and late fees are also completely non-refundable. •
- In the case of a visa denial, the participant must return the unused DS 2019 form to InterExchange, Inc. and submit proof of the denial, after which a refund will be issued (less a \$100* USD administrative fee). •
- If a participant cancels or withdraws from the program prior to entering the U.S. and returns the unused DS 2019 form (if already issued), he/she will receive a refund (less a \$100* USD administrative fee).

| | |
|------------------------------|-----------------|
| Applicant's Signature | MM/DD/YY |
| | |
| Print Name | |
| | |
| Address: | |
| | |

*** Note: All fees are subject to change without notice.**

Dear Referee,

The applicant named on the reverse side of this form is applying to be a part of a cultural exchange program, which would place him/her in an American summer camp as either a counselor or support staff. The applicant will be living and working with children (ages 6-16) and other adults for up to 15 weeks. In an attempt to gain a more complete picture of our applicants, we have asked that they collect references from individuals who have direct knowledge of their personality and skills. We do not accept references from family, friends or co-workers. The objective of this Skills Reference is to verify the applicant's experience, ability and skill level in his/her area of interest. Accordingly, InterExchange Camp USA asks that you keep all comments relevant to the applicant's chosen position (i.e. counselor or support staff).

Counselor As a counselor, the applicant will work directly with a group of children 24 hours a day for 8 to 15 weeks. Counselors may be responsible for teaching, coordinating or assisting in program activities. They usually sleep, eat and live in a cabin with the campers. A good counselor is mature, flexible and patient. S/he should also have a good sense of humor and strong English skills.

Support Staff As support staff, the applicant will work in the kitchen, laundry or office, or do general maintenance. The work can be very physical and demanding. Support staff may sleep in cabins with campers or may have their own housing. A good support staff candidate is reliable, hard-working and flexible, and can work well both independently and with a group.

As a referee, your honest appraisal will help InterExchange Camp USA place the applicant in a camp setting appropriate for his/her experience and skills. If you do not feel you can provide an objective assessment of this applicant, please contact the representative listed in the box below. Thank you for your help.

Kind regards,
Camp USA
Seth Friedman, Program Manager

International cooperator's contact information

Please attach a signed business card or affix a Business/University stamp below to verify authenticity.

For Cooperator
Use Only

Reference verified by _____

Date _____

Referee Information All references must be translated into English with the original attached.

| | |
|---|--|
| Referee's name (please print) | Applicant's name |
| Referee's address | Country |
| Phone number (with country and city code) | Email |
| Referee's signature | Date |
| What is your relationship to the applicant? (supervisor, teacher, etc.) | How long have you known the applicant? (please give dates) |

Skill Evaluation

Please assess the applicant's suitability for the InterExchange Camp USA program with regard to the areas listed below.

When marking the suitability check boxes, please use the following scale:

- Exceptional: The applicant serves as an example to everyone else.
- Above Average: While not perfect, the applicant has emerged as a leader in this area.
- Average: The applicant is comparable to most of his/her peers.
- Below Average: The applicant does not meet most reasonable standards.
- Don't Know: You have no knowledge of the applicant's suitability.

| | Exceptional | Above Average | Average | Below Average | Don't Know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work ethic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to interact with children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to be a good role model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to interact with authority figures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questionnaire (please fill in all sections below)

What specific skill can the applicant contribute to camp? How well can the applicant lead or perform in this area?

How well does the applicant relate to other people, especially children or co-workers?

Personally or professionally, what is one area in which the applicant needs improvement?

Medical Form - Please keep a copy of the completed form for your records.

Part 1 *to be completed by the applicant*

| | | |
|--|------------|-------------------------------------|
| Last Name | First Name | Date of Birth (Month/Day/Year) |
| Home Address | Country | Phone (with country and city codes) |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | | |

Emergency Contact (English Speaking)

| | | |
|--------------|---------------------------|-------|
| Name | Relationship to Applicant | Email |
| Home Address | Country | Phone |

Alternative Emergency Contact's name, address, telephone number and e-mail in case of emergency if first emergency contact is unavailable.

Note any pre-existing medical condition requires additional insurance

Do you have a medical condition that requires you to have additional insurance beyond that provided by InterExchange Camp USA?

Yes No

Health History

If you answered yes to either question above, please give details:

| | | |
|----------------------|-------------------------|-------------------------------|
| Carrier/Plan Number: | Group or Policy Number: | Carrier Contact Phone Number: |
|----------------------|-------------------------|-------------------------------|

Check all that apply and give approximate date of illness

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Anemia Date: | <input type="checkbox"/> Dizziness/fainting Date: | <input type="checkbox"/> Heart Disease Date: | <input type="checkbox"/> Mumps Date: |
| <input type="checkbox"/> Anorexia Date: | <input type="checkbox"/> Ear infection Date: | <input type="checkbox"/> Hepatitis A/B/C Date: | <input type="checkbox"/> Pregnancy Date: |
| <input type="checkbox"/> Arthritis Date: | <input type="checkbox"/> Epilepsy/seizures Date: | <input type="checkbox"/> Kidney Disease Date: | <input type="checkbox"/> Rheumatic fever Date: |
| <input type="checkbox"/> Asthma Date: | <input type="checkbox"/> Eye problems Date: | <input type="checkbox"/> Malaria Date: | <input type="checkbox"/> Scarlet fever Date: |
| <input type="checkbox"/> Bulimia Date: | <input type="checkbox"/> Gallbladder problems Date: | <input type="checkbox"/> Measles Date: | <input type="checkbox"/> Tuberculosis Date: |
| <input type="checkbox"/> Chicken pox Date: | <input type="checkbox"/> German measles Date: | <input type="checkbox"/> Menstrual problems Date: | <input type="checkbox"/> Ulcers Date: |
| <input type="checkbox"/> Depression Date: | <input type="checkbox"/> Glandular fever Date: | <input type="checkbox"/> Migraine/headaches Date: | <input type="checkbox"/> Venereal disease Date: |

For all checked boxes above, please provide more information including approximate dates, is applicable.

Allergies

Do you suffer from any allergies? If yes, please give details including reaction and management of the reaction.

| Allergy | Description and Reaction | Management of Treatment |
|---------------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> Foods | | |
| <input type="checkbox"/> Hay fever | | |
| <input type="checkbox"/> Insect sting | | |
| <input type="checkbox"/> Penicillin | | |
| <input type="checkbox"/> Other drugs | | |
| <input type="checkbox"/> Other | | |

Have you ever undergone surgery? Yes No If yes, please give full details of operation with dates:

General Questions

| | | |
|--|------------------------------|-----------------------------|
| Is your physical activity restricted in any way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever received treatment for a behavioral health problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any habits that may affect your health (i.e., alcohol, cigarettes, drugs)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been treated by a psychiatrist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any chronic or recurring illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently taking any medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any dietary restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above, please give full details including the names of any medications you will be taking at camp:

I certify that all information is true to the best of my knowledge, and I hereby give permission for emergency medical care to take place should it be needed.

Signature _____ Date (Month/Day/Year) _____

Part 2 *to be completed by a doctor*

As a camp counselor/support staff in the U.S., the applicant will be living with and responsible for young children. It is therefore important that we are advised of any physical or mental health problems that may have a bearing on the applicant's ability to participate.

Please review the information provided by the applicant in Part 1 of this form.

Are there any abnormalities of the following organs?

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Head, Ears, Nose, Throat | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Eyes (including glasses & contacts) | <input type="checkbox"/> Metabolic | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other |

Please indicate whether the applicant has been immunized against the following:

| | Date | | Date | | Date |
|---|------|--------------------------------------|------|--|------|
| <input type="checkbox"/> Chicken pox (varicella) | / / | <input type="checkbox"/> Hepatitis B | / / | <input type="checkbox"/> TB Mantoux test | / / |
| <input type="checkbox"/> Diphtheria | / / | <input type="checkbox"/> Measles | / / | <input type="checkbox"/> Tetanus | / / |
| <input type="checkbox"/> German measles (rubella) | / / | <input type="checkbox"/> Mumps | / / | <input type="checkbox"/> Typhoid | / / |
| <input type="checkbox"/> Haemophilus Influenzae B | / / | <input type="checkbox"/> Polio | / / | <input type="checkbox"/> Whooping cough | / / |

Comments

Is there, in your opinion, any physical or emotional challenge that an American summer camp might want to take into account when deciding to have the applicant work as a counselor/support staff (living with and running activities for children for a 9-week period)? Yes No

Signature _____ Date (Month/Day/Year) _____

Required for Support Staff Only

ATTENTION UNIVERSITY OFFICIAL: The student listed below is applying to be a part of the InterExchange Camp USA cultural exchange program. The United States government requires that each applicant provides proof of his or her student status to the U.S. Embassy. Please confirm that the persons name who appears below is a student at your University. Please add your contact information and sign, date and stamp the bottom of your form with your official University seal to confirm that the information is correct. Thank you.

To be completed by the student

Name _____ Date of Birth (mm/dd/yy) _____

Address _____

City _____ Postal Code _____ Country _____

Telephone _____ E-mail _____

Name of School _____ Date you began studying (mm/dd/yy) _____ Anticipated graduation date (mm/dd/yy) _____

To be completed by the university official

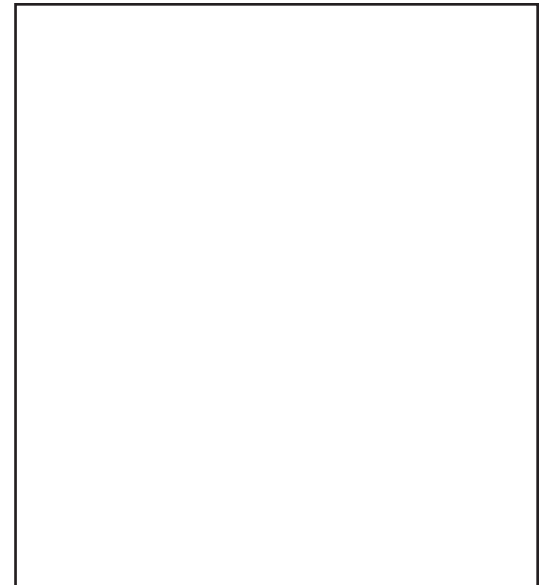
Name of official _____ Title _____

Telephone _____ E-mail _____

I certify that the InterExchange Camp USA participant named above is registered in our institution as a full-time student for the academic year 2012-2013.

Signature: _____

Date mm/dd/yy: _____



School Seal

CAMP USA

Credit Card Payment Information

To make a credit card payment, please use one of the following methods:

- **Online** (preferred method) at <http://www3.interexchange.org/payonline/>
- **By email or fax:** Fill in the form below for credit card authorization. Please return this form to InterExchange via email or fax. Please do NOT send copies of your credit card.

Email: payment@interexchange.org

Fax: (212) 924-0575, ATTN: Finance Department

In order to be sure that InterExchange Camp USA knows which participants you are paying for, list all names and associated fees below (feel free to use a separate piece of paper if one is necessary). Please provide a breakdown of the total amount you are paying for each participant so we know how much should go towards each person. If you have any questions about which fees you need to pay, contact us by email at CampUSA@InterExchange.org or by phone at 1-800-597-1722.

| CAMP'S NAME: | | | | | | |
|--------------------|-------------|-----------|-------|----------|-------|------------|
| PARTICIPANT'S NAME | PROGRAM FEE | INSURANCE | SEVIS | SHIPPING | OTHER | TOTAL PAID |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

I/we specifically authorize InterExchange to charge US\$ _____ for the Camp USA Program to my/our (check one):

Card Type: Visa MasterCard American Express Discover

Card Number _____ Security Code: _____ Exp. Date: MM/YYYY

Name as it appears on the card: _____
Billing Address: _____

STREET ADDRESS _____
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

- ▶ If you file this form electronically please check the box below.
 - By checking this box, I authorize InterExchange, Inc. to charge my credit card according to the details above.
- ▶ If you reply by fax or mail please sign below.

Credit/Debit Card Holder's Signature: _____ Date: MM/DD/YYYY