

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, 2010 is written 1/31/10.

**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 (except Canada) must be covered by InterExchange Camp USA insurance. This insurance meets the requirements outlined by the U.S. Department of State. When deciding how much insurance to buy, remember that you must be covered for your entire stay in the U.S. (including your post-camp travel time). If you are Canadian and you would like to use your own insurance, download the Confirmation of Existing Coverage Form from the Participant's Resource Center on the Camp USA website ([www.InterExchange.org/CampUSA](http://www.InterExchange.org/CampUSA)) and have your insurance company fill it out. Include the form in your application along with a complete copy of your policy in English. If your insurance does not meet U.S. Department of State requirements, you will have to purchase insurance via InterExchange to supplement your current insurance.  
\*All applicants, please note: Insurance from InterExchange Camp USA does not cover pre-existing conditions. If you have a pre-existing condition, you should submit proof of the condition with your application and follow the instructions for Canadians above.
- **Fees:**  
InterExchange Camp USA Direct Placement Program Fee: \$350 USD (\$250 USD for Canadian citizens residing in Canada only)  
InterExchange Camp USA Insurance Fee: \$35 USD per month or \$17,50 per half month  
U.S. Department of State SEVIS Fee: Included in Program Fee
  - **How to Pay:** You have two options for payment:
    1. **Credit Card Payments:** Pay online at [www.InterExchange.org](http://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 e-mails 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 UPS. 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 29, 2011. InterExchange Camp USA cannot guarantee that we will process any application that arrives after this deadline.  
Late Penalties:
  - Applications arriving from April 30th to May 6th will incur a \$100 late penalty.
  - Applications arriving from May 7th to May 20th will incur a \$125 late penalty.
  - No applications will be accepted after May 20th.
  - 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.
- Due to U.S. State Department regulations, InterExchange Camp USA can only accept a limited number of third year or more counselors. If this is your third summer or more at camp, make sure your application arrives in our office as early as possible because these slots are limited.
- Cancellation Policy: To be eligible for a refund, you must return the DS-2019 form to InterExchange Camp USA by September 1, 2011. 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

All Direct Placement applicants must complete the enclosed application and include all requested information, regardless of 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** (For 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.)

---

- Insurance Form** (Canadians only. Available for download at [www.InterExchange.org/campusa](http://www.InterExchange.org/campusa).)

**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 or more summer. We must limit the amount of these spots due to State Department regulations. 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 20, 2011.

**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 should 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 29th deadline?**

A: Yes, but InterExchange Camp USA cannot guarantee that we will process your application. You must include the appropriate late fee in your application if it will arrive after the April 29th 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 e-mail 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 e-mail. 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](http://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.

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.

SMILE!

Photos should be no larger than this space.

Camp Name \_\_\_\_\_

Camp Director's Name \_\_\_\_\_

Camp Phone Number \_\_\_\_\_ Camp Fax Number \_\_\_\_\_

Camp E-Mail \_\_\_\_\_

Position at Camp \_\_\_\_\_

**Personal Information (as it appears on your passport)**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last/Family Name \_\_\_\_\_

Age on Next June 1st \_\_\_\_\_ Contract start date \_\_\_\_\_ Contract end date \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex:  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  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 the programs you have participated in, listing the most recent 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 E-mail Sent \_\_\_\_\_ 2nd Missing E-mail 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 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) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact (English Speaking)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

**Do you have a friend/family contact in the United States**  Yes (please provide information below)  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

**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	Height*	Weight**
			feet	inches
				pounds
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 nervous breakdown or mental 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 # \_\_\_\_\_

\* to convert centimeters to inches: cm x .39 = inches  
 12 inches = 1 foot  
 e.g. 180 cm x .39 = 70 inches or 5 feet, 10 inches

\*\* to convert kilos to pounds: kg x 2.2 = pounds  
 e.g. 70 kg x 2.2 = 154 pounds

**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

---

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
<input type="text"/>	<input type="text"/>
Print Name	
<input type="text"/>	
Address:	
<input type="text"/>	

\* 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

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	Applicant's Name
Referee's Address	Country
Phone Number with country and city code	E-mail
Referee's Signature	Date
What is your relationship to the applicant? (supervisor, teacher, etc.)	How long have you know 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 Report (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"/> Male <input type="checkbox"/> Female	Height feet inches	Weight pounds

**Emergency Contact (English Speaking)**

Name	Relationship to Applicant	E-Mail
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 the 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	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Mumps
Date:	Date:	Date:	Date:
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Hepatitis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Pregnancy
Date:	Date:	Date:	Date:
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Rheumatic Fever
Date:	Date:	Date:	Date:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Malaria	<input type="checkbox"/> Scarlet Fever
Date:	Date:	Date:	Date:
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Gallbladder Problems	<input type="checkbox"/> Measles	<input type="checkbox"/> Tuberculosis
Date:	Date:	Date:	Date:
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Menstrual Problems	<input type="checkbox"/> Ulcers
Date:	Date:	Date:	Date:
<input type="checkbox"/> Depression	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Venereal Disease
Date:	Date:	Date:	Date:

**Insurance Dates**  
 You must be covered for the entire duration of your stay in the U.S., including travel time after your work at camp. Please indicate the amount of coverage you need and calculate cost:

Start Date:   
(first day in the U.S.)

Months Needed:

x \$35/mo  
x \$17.50 half month

Total Paid:

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

**Allergies**

Do you suffer from any allergies, if so please provide details below that describe reaction and management of treatment.

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 and dates.

**General Questions**

Is your physical activity restricted in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take oral contraceptives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received treatment for a nervous or emotional 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 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 (mm/dd/yy) \_\_\_\_\_

**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

If you answered yes to any above please explain in detail:

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

Chicken Pox (varicella)	/ /	Hepatitis B	/ /	TB Mantoux Test	/ /
Diphtheria	/ /	Measles	/ /	Tetanus	/ /
German Measles (rubella)	/ /	Mumps	/ /	Typhoid	/ /
Haemophilus Influenzae B	/ /	Polio	/ /	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 (mm/dd/yy) \_\_\_\_\_

**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**

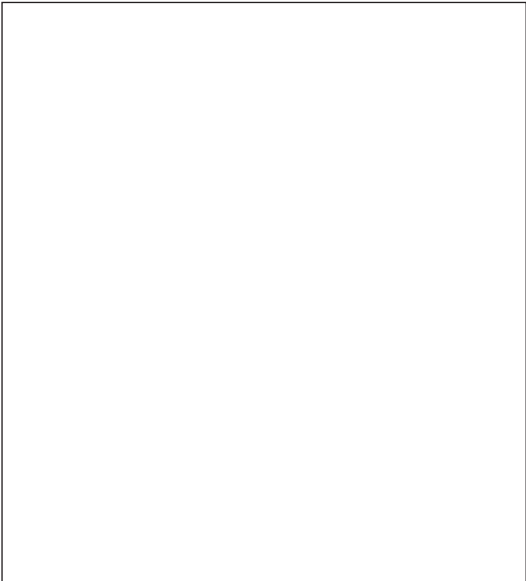
Name of official \_\_\_\_\_ Title \_\_\_\_\_

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 2010-2011.

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](mailto: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](mailto:CampUSA@InterExchange.org) or by phone at 1-800-597-1722.

<b>CAMP'S NAME:</b>						
PARTICIPANT'S NAME	PROGRAM FEE	INSURANCE	SEVIS	SHIPPING	OTHER	TOTAL PAID

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: _____ <small>MM/YYYY</small>
--------------------	----------------------	--

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
STREET ADDRESS

_____	_____	_____	_____
<small>CITY</small>	<small>STATE/PROVINCE</small>	<small>ZIP/POSTAL CODE</small>	<small>COUNTRY</small>

- ▶ 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: _____ <small>MM/DD/YYYY</small>
---	--