

Philadelphia International Institute
Program Conditions (Work & Travel USA)

I (*name in capital letters*) _____,
the undersigned, understand that PII will secure DS-219 forms to student's fulfilling the Work and Travel program requirements but cannot guarantee that applicants will receive a J-1 from the U.S. consulate in their home country. PII has no influence over decisions made by the U.S. Consular Officers.

Exchange Visitor visas are issued with the understanding that the participant will return to their home country at the conclusion of the J-1 visa program. The burden is on the participant to prove to the US Consul clear intention to return home.

I am aware that in accordance with the United States regulations I am not authorized, as a Work and Travel USA participant, to work in the following positions/fields: health care, child care (au pair, nanny, baby sitting, etc), aviation, crew member of ship or airplane.

I understand that I will need to be able to show proof of a minimum of 500.00 US \$ when applying for the J-1 visa AND upon entry to the USA.

Have you ever received a J-1 visa to enter the USA Yes___ No___

If yes, please specify:

1. Program name _____ Dates of DS-219
from ___/___/___ to ___/___/___

Sponsoring organization _____ month/day/year

2. Program name _____ Dates of DS-219
from ___/___/___ to ___/___/___

Sponsoring organization _____ month/day/year

If you have a U.S. Social Security Number, enter here _____ - _____ - _____

Have you ever been refused a visa to enter the USA Yes___ No___

Have you ever been convicted of a crime Yes___ No___

Are you physically or mentally disabled Yes___ No___

Do you require any medial treatment Yes___ No___

If so, please specify (for insurance purposes) _____

*I agree not to start working before the date authorized by the J-1 visa and must finish working by the date authorized by the J-1 visa.

**If no earlier departure date is indicated on my I-94 card US immigration I may remain in the U.S. as a tourist only, and cannot work as authorized by the J-1 visa, for up to thirty (30) additional days.

**I understand that the insurance coverage provided by PII finishes at the conclusion of the authorized date to work by the J-1 visa and that it is my responsibility to arrange

insurance extension for any additional period of time I remain on U.S. territory as a tourist after that date. PII will provide participant names of Insurance Carriers that I can contact to secure insurance if I extend my time to remain as a tourist that meets with the government regulations.

**I agree to attend the compulsory Orientation meeting in my home country before departure for the US. If for any reason I do not attend the Orientation I will not hold PII responsible for any consequences that may ensue.

**I have read and understand all program rules, guidelines, and eligibility requirements, and to the best of my knowledge, I am eligible for the program.

**I further declare that the above statements are true. I recognize that any false declaration on my part or submission of inaccurate documents may result in forfeiture of my place on this program with no entitlement to any refund either of my fee or any consequential expenditure. I have not had another person complete this application for me.

**I agree to abide by all program rules and conditions mentioned either in this document or in other program materials provided, as well as any other rules and conditions specified by PII and/or PII's representatives.

**I authorize PII to release any information provided with this application for the purpose of placement at a PII approved site. I understand that this release may take the form of photocopy, verbal, and electronic transfer of the information contained in this application.

(Participant's signature)

(Date)

*(Parent Signature and/or Legal
Guardian required)*

(Date)