



# AMERICAN WORK ADVENTURES

## Terms of Participation

Participant first name _____  Participant last name _____	<b>Participant No.</b>	
	<b>Country:</b>	
	<b>Representative:</b>	
	<b>Date received:</b>	

### I. GENERAL AWA PROGRAM TERMS AND CONDITIONS

1. I, the undersigned, a participant of the American Work Adventures (AWA) Program, attest that I have chosen to enter into the AWA Program of my own free will, and I have done so with the intent of personal, educational, and cultural enrichment, thus I agree to:

- ✓ Take advantage of the cultural opportunities in my employer community
- ✓ Present myself honestly in all correspondence and documentation with American Work Adventures (AWA) and all representatives of AWA, including my American employer.
- ✓ Complete all visa requirements, as instructed, and comply with all regulations governing the AWA Program and employment in the U.S.
- ✓ Attend all AWA Program orientation sessions in my home country (prior to departure).
- ✓ Pay all expenses related to the AWA Program.
- ✓ Make the necessary arrangements to arrive in the United States on the specific dates, required by the employer and AWA.
- ✓ Bring at least \$800 pocket money (cash, travelers' checks, or credit cards) for expenses that may occur prior to obtaining my first pay check (i.e. housing deposit, security deposit, first rent, travel from the city of arrival to the place of employment etc.).
- ✓ **FAX my ARRIVAL REPORT to American Work Adventures offices within 48 hours of my arrival into the U.S.** (Arrival Form available at [www.americanworkadventures.or](http://www.americanworkadventures.or), fax number: 415-257-2207)
- ✓ Pay all applicable air travel charges, transportation and living expense while on Program in the USA.
- ✓ Apply for a Social Security number at a local Social Security Office 10 days after arriving in the U.S.
- ✓ Report to the place of employment pre-arranged by American Work Adventures immediately on my arrival in the U.S.
- ✓ Cooperate fully with all representatives of the AWA and comply policies set forth by my American employer.
- ✓ Abide by all regulations of the U.S. Department of State concerning the American Work Adventures Exchange Visitor Program.
- ✓ Contact AWA office to discuss any problems, concerns or issues that might arise during my Program.
- ✓ Report any changes in my housing location to AWA immediately.
- ✓ Obey all U.S. Federal, State and Local laws while in the U.S.
- ✓ Avoid behavior, which may reflect negatively on my employer, American Work Adventures or its partner agency.
- ✓ Return to my home country at the end of my program as indicated on my visa and DS-2019 form ( I understand I must return to my home country at the within 30 days of the expiration date of my DS-2019 form)
- ✓ Stay at my place of employment for the duration of the Program. If there is a problem at my place of employment, I will contact the AWA office to discuss the problem and try to find resolution.
- ✓ Provide my agent with my round trip flight information before departing my home country.
- ✓ Return to my home country at the end of my Program or within 30 days of the expiration date on my visa.

2. I agree to the following requirements and qualifications of the program:

- ✓ I am between the age of 18 and 28.
- ✓ I am currently enrolled bona-fide University Student in my home country
- ✓ I am in a good health.
- ✓ I have at least Intermediate level of English.
- ✓ I have never been convicted of a crime.
- ✓ I have a valid passport.
- ✓ I will complete all visa requirements in accordance with instructions.

3. I understand that agree and promise to work the entire period stated on my signed Job Confirmation Form.

4. **I understand and accept that I am NOT ALLOWED to quit the job I am assigned to by myself (SELF option) or AWA (FULL option) without written permission received from American Work Adventures representative.**

5. **I understand** that in case of the termination of the AWA Program, I must return to my home country immediately, on my own expense.

6. **I understand** that should I choose to terminate my participation in the AWA Program prior to the end of my four-month program term, my visa status and my insurance will terminate.

7. **I understand** that if I decide to terminate my contract with my employer before the agreement expiration date, I must inform the company 2 weeks before leaving. I understand that no refunds will be applicable.

8. **I understand and agree** that any violations of the terms of this document may result in my termination from the AWA Program and I will be subject to immediate return to my home country, forfeiting both my DS-2019 form and insurance - all at my personal expense.

- ✓ Required training meetings and/or company events occurring during the course of my employment.
- ✓ Required cleaning my work site every day after work so that it looks clean and neat.
- ✓ At-will employment policy stating that employer and/or employee reserves the right to terminate employment at any time.

9. **I understand** that if my work or behavior is not satisfactory to my employer, the employer reserves the right to terminate me, and I must either to other employer assigned or approved by AWA or return to my home country immediately, on my own expense.

## V. LIABILITY RELEASE

1. **I understand** that American Work Adventures, its directors, officers, employees, agents, and organizations affiliated with will act on my behalf in arranging pre-arranged placement and other services for me during my participation in the AWA Program. I understand that none of them will be under any liability to me for any loss, damage, personal injury, delay, or expense suffered or incurred by me resulting from any act or omission of any other corporate or non-corporate entity within the U.S.

2. **I understand** that my failure to abide by the guidelines and rules stated in this agreement, or the rules and regulations regarding the conduct of participants as set forth at the American Work Adventures orientation can be grounds for my dismissal from the program, and I can be subject to immediate return to my home country, forfeiting both visa status and insurance – all at my personal expense.

3. **I agree** that American Work Adventures, without liability or expense to themselves, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital or in the hands of a local medical doctor for treatment or medical services.

4. **I understand** that should I choose to not obey all U.S. federal, state and local laws, I am ultimately obligated to take responsibility for any crimes or violations I commit.

5. **I understand** and also agree that I am fully responsible for any and all expenses involved with my illegal behavior.

6. **I understand** that a violation of U.S. laws may result in deportation proceedings in addition to other legal proceedings at the discretion of the US Department of Justice.

7. If I am arrested or violate any laws, this will lead to my termination from the J1 visa Program.

8. **I agree** and will pay for any property damage that I may cause in the USA.

It is agreed that U.S. Law shall apply to this agreement, and I agree to submit to the jurisdiction of the U.S. Courts.

My signature below confirms that I have read this entire agreement, and understand its contents. I promise that the information provided on the International Work Adventures application is truthful and accurate.

First and last name (please PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (MM-DD-YYYY)