

Intrax Work Travel Participant Eligibility Form



Partner Agency: _____ Participant Intrax ID: _____

Participant Name: _____ Date of Birth (DD/MM/YYYY): _____

Proof of Student Status (To be completed by University Representative or Partner Agency Representative)

I hereby certify that (check only 1 box):

- I am a university/institution official OR
 I am the Partner Agency Representative and filling out Proof of Student Status based on provided University letter (letter attached):

The above is registered as a full-time student at (name of Institution): _____ a full-time accredited post-secondary, classroom-based, academic institution (not a technical, vocational, tertiary or trade school) located outside of the United States (U.S.) for the academic year (YYYY): _____ in (City, Country) _____

Official's Name: _____ Title: _____

Official's Hand-written Signature (in ink): _____

Date (Day/Month/Year): _____ Seal/Stamp: _____

University Break Dates and Eligibility (To be completed by Participant)

I confirm that at the time of application, I (even if a final year student) am enrolled full-time and pursuing studies at an accredited post-secondary, classroom-based, academic institution (not a technical, vocational, tertiary or trade school) physically located outside of the United States (U.S.). When I start my Intrax program, I will have successfully completed at least one semester, or equivalent, of post-secondary academic study.

I understand that the U.S. Department of State Regulations governing the Summer Work and Travel program prohibit me from working once my university summer break has ended. I will only accept a job offer for which program activity dates do not conflict with my official university summer break. [22 CFR § 62.32, <http://j1visa.state.gov/sponsors/current/regulations-compliance>]

Participant's Hand-written Signature (in ink): _____ Date (Day/Month/Year): _____

Conditions of Participation in the Intrax Summer Work and Travel Program (To be completed by Participant)

I agree to participate in the Intrax Summer Work Travel program and understand that my participation requires that I fulfill obligations set forth by the U.S. State Department. I agree to the following: 1) To review all program materials and information provided by Intrax. 2) Within the first three days of arriving to the U.S., to "check in" with Intrax and to provide an accurate U.S. living address. 3) To respond to Intrax requests for information and monthly contacts within 30 days. 4) To notify Intrax within 10 days of moving. 5) Start work only if my job has been approved by Intrax, which requires my agency in my home country or me to provide a copy of a business license, workers' compensation policy, and a completed Intrax job offer form that includes the tax ID number (EIN). [I understand Intrax will contact the Host Company and confirm seasonality.] 6) Check my password-protected MyIntrax account regularly. 7) Follow all program requirements as detailed in the Intrax Program Terms & Conditions.

I understand the purpose, rules and regulations governing the J-1 Exchange Visitor Program and have consulted the U.S. State Department website for information at <http://j1visa.state.gov>. I agree that I had the chance to see typical placement information offered on the program (www.intraxworktravel.com) as well as the full list of fees charged prior to having paid a non-refundable fee. I understand that wages might not cover all expenses and that I must bring additional personal funds. I have at least \$1,000 in emergency funds.

I agree that, while in the United States, Intrax is my visa sponsor and my primary point of contact. My agency in my home country, while a valuable resource, is not my sponsor. I understand that no other party should be contacted for support while in the United States.

I consent and authorize Intrax to use my name, photographs, file, application content, video resume or video likeness or any comments or statements from host companies or Intrax in materials or publications to promote the Intrax program.

I understand that by signing below, I agree that my electronic signature used during the Intrax application process is the equivalent of my hand-written signature below.

Participant's Hand-written Signature (in ink): _____ Date (Day/Month/Year): _____

In-Person Interview, English Language & Eligibility Assessment (To be completed by Partner Agency Representative)

English Speaking/Comprehension (check only 1 box): Conversational Advanced Native Speaker (check this box only if Citizen of English-speaking country)

Name of Test Taken: _____ Test Score: _____

Name of Interviewer (even if participant is native English speaker): _____ Interviewer's Title: _____

The test results will be made available upon request for a period of three years.

This applicant's Program Dates comply with the regulations. It is prohibited for students to participate in this program outside of the break between academic years in their host/home country's primary, summer, academic calendar. [22 CFR §62.32] In addition, I verify that this is a "foreign university student, who at the time of application is enrolled in and actively pursuing a degree or a fulltime course of study at a foreign ministerially-recognized university." [§ 62.4 Categories of participant eligibility. General Provisions]

This applicant does not have any preexisting mental or physical health conditions that would inhibit participation in the program.

Interviewer's Hand-written Signature (in ink): _____ Date (Day/Month/Year): _____

Prospective exchange visitors must demonstrate proficiency in conversational English and reading comprehension to participate in the program. [22 CFR §62.32]