

Dear Applicant,

Welcome to InterExchange Camp USA! We are very excited that you want to be a part of our program. The packet you hold in your hands gives you all of the information necessary to apply.

Because of the nature of the program, there are several requirements you must fulfill. If you do not meet all of these requirements, please consult your international cooperator.

REQUIREMENTS

- 1 You 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.
- 2 You must be at least 19 years old but under 28 years old on June 1 of this year.
- 3 You must have a strong interest in working with children and an appreciation for outdoor living.
- 4 You must be a highly dedicated and motivated person who can commit to an 8- to 15-week program.

THE APPLICATION

Please fill out the application using the fillable PDF. If you are unable to do so, please do so neatly using black ink. All additional pages included in your application must be cut to the 11-inch length of the application. Use the Application Checklist on the back of this page as a resource. Here are some helpful tips:

The Date

Please write all dates in the month/day/year format. For example, January 31, 2011 is written 1/31/11.

Activities

When you fill out the activities section of the application, write about activities that relate to your desired position. For instance, if you are applying to be support staff, do not write about your tennis skills. If tennis is your strongest skill, you may want to consider applying as a counselor instead.

The Cover Letter

The cover letter is your chance to tell us (and your potential camp director) about yourself. Type a few paragraphs on a separate piece of paper and tell us about your skills, experience with children and training in your program area. The best cover letters are the ones written on a personal level, describing your likes and interests, your family and why you want to go to camp. Your cover letter **MUST** be typed.

The Curriculum Vitae

A curriculum vitae (CV) is a professional list of your experi-

ence. It details your work and educational history, as well as your extracurricular activities (such as sports, youth/scout groups and volunteer projects). The CV should **NOT** be in essay format, and it should not be longer than 1 page. If you are not sure what an American curriculum vitae looks like, see your international cooperator for an example. Your CV must be typed, signed and dated and should include your contact information.

References

You will need to collect 2 references from different professors, employers, coaches or youth group leaders. One referee must fill out the skill reference form included in this application. The other should type an open letter reference on business letterhead. Camp USA cannot accept references from friends, co-workers or relatives. 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.

Criminal Background Check

A criminal background check is required for all Camp USA participants. The document will need to be issued no earlier than six months prior to participation. It can take up to six weeks to receive your criminal background check, so be sure to apply early.

Certifications

If you have received any certifications that are **RELEVANT** to your potential work at camp (e.g., lifeguard, first aid, etc.), please include photocopies of them with your application. If they are not in English, please provide a translation on the back of the photocopy. We cannot accept any certificate dated earlier than 3 years ago. If you would like to include photographs in your application, note that we accept a maximum of 3, and they should be taped to a piece of paper.

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

Additional Media

If you have a link or video of you demonstrating or teaching relevant skills or introducing yourself, please include that with your cover letter.

The Camp USA Team

Application Checklist: All applicants must complete the enclosed application and include all requested information, regardless of previous participation.

Name:

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

- 2 References** (Can be from previous employers, professors, coaches or club leaders, but may not be from friends, co-workers or family members. English translations must be attached if your referees do not speak English.)
 - 1 SKILLS REFERENCE** (The form is enclosed in the application.)
 - 1 OPEN LETTER REFERENCE** (There is no form, but letters must be written on official letterhead or have a business stamp.)

- Cover Letter** (1 page typed, addressed to camp director, signed and dated.)

- Curriculum Vitae** (1 page typed, with your contact information; see your international cooperator for a sample.)

- 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.)

- Copies of All Certifications** (Optional: These must be relevant to skills listed on the application. We will not accept any certificate dated earlier than 3 years ago; please translate certificates to English. A maximum of 3 photos may be included if they are taped to or scanned onto a full-size sheet of paper.)

- Religious or Special Needs Supplement** (If applicable.)

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

- Police Background Check** (See your international cooperator for a sample. All police background checks must be dated within the last 6 months.)

- Optional: Video or Blog Link**

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

Paste one official passport photo here.

SMILE!

Photos should be no larger than this space.

For office use only

Ref No. _____ Skills _____

IC _____

Country _____

CP _____

FD _____

Personal Information (Exactly as it appears on your passport)

First Name _____ Middle Name _____ Last/Family Name _____

Age on Next June 1st _____ Earliest date you can fly to the U.S. _____ Latest date you can stay in the U.S. _____

Date of Birth _____ 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)

All camp types you are willing to work at: Traditional/Private All Boys/Girls Underprivileged Day
 (See page 10 of application for descriptions) Family/Adult Religious (see below) Special Needs (see below)

Religious camp applicants: Check off types of religious camps and levels of religious participation you would be comfortable with.

Jewish: Little/no religious participation Weekly religious participation Daily religious participation
 Christian: Little/no religious participation Weekly religious participation Daily religious participation

Special needs camp applicants: Check off the appropriate boxes. (more flexibility will help your chances of placement.)

I am willing to work with children/adults with mild to moderate disabilities. I am willing to work with children/adults with moderate to severe disabilities.

How many cigarettes do you smoke per day? None 1-3 4-7 8 or more
 How many alcoholic drinks do you drink per week? None 1-3 4-7 8 or more
 Do you have any visible tattoos or body piercings? Yes No If yes, please describe _____
 Do you have a valid driver's license? Yes No (Month/Day/Year) For which vehicle types?
 If yes, is it an international license? Yes No Date of Issue / / Car Van Truck Bus Other

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 |
|-------------------------------|----------|---------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

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

About You

Please think carefully before answering the questions below and remember to print neatly. Focus your answers on the position you are applying for: counselor or support staff.

Why did you choose to apply for the position of counselor or support staff? What specific traits or skills makes you a good candidate for that position?

Some camps are rugged, others are less so. How much experience do you have in the outdoors and where do you see yourself fitting in?

Please detail the experience you have had working with children, including past camp experience.

How will this camp experience help you in your life at home?

Counselor Skills (fill this in *only* if you are applying to be a counselor)

Please check all activities that you have experience in from A to C.

A Means that you have several years of work experience doing this job.

B Means that you have some relevant work experience.

C Means that you have never done this job except at your home, but you would be willing to do it for a larger group.

| A | B | C | ARTS AND CRAFTS | A | B | C | LAND SPORTS (continued) | A | B | C | PERFORMING ARTS |
|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Batik/Silk-Screen/Tie-Dye | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Riflery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acting/Directing/Drama |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceramics/Pottery (wheel, kiln) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soccer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aerobics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drawing/Painting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tennis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Broadcasting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jewelry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Track | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Circus arts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Metal Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Costuming (designing, sewing) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leather Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dance (ballet, sight, ear, classical) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Papier-mâché | A | B | C | NATURE/ADVENTURE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guitar |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Photography (darkroom, color) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Animal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gymnastics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stained Glass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Camping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piano (popular, sight, ear, classical) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Video | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Farming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scenery (lighting, painting, props) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Woodworking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hiking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nature crafts | A | B | C | WATER SPORTS |
| A | B | C | LAND SPORTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orienteering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canoeing/Kayaking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Archery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lifeguarding |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baseball/Softball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pioneering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Motorboat driving |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basketball | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rock climbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sailing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ropes course <input type="checkbox"/> high <input type="checkbox"/> low | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scuba |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Group games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Snorkeling |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hockey | A | B | C | OTHER ACTIVITIES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swimming |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horse Riding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Computers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water-skiing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-line Skating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fishing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windsurfing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Karting/Go-kart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Religious studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Martial Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special Needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mountain Biking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Support Staff Skills (fill this in *only* if you are applying to be support staff)

Please check all activities that you have experience in from A to C.

A Means that you have several years of work experience doing this job.

B Means that you have some relevant work experience.

C Means that you have never done this job except at your home, but you would be willing to do it for a larger group.

| A | B | C | KITCHEN/COOKING | A | B | C | MAINTENANCE | A | B | C | GENERAL SUPPORT |
|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assitant cook (menu creation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Carpentry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Animal care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabin/Housekeeping (including bathrooms) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dining hall service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grounds maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canteen/Camp store |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dish washing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landscaping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Painting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Office |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stable hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Skills

Please choose your 3 strongest skills from the list above and describe your experience. Specifically, indicate when and where you learned the skill and provide details of your previous experience. List and describe skills for either counselor or support staff positions based on what you are applying for, not both.

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 # _____

Personal Declaration

Persons with a history of violent behavior, mental illness, child or drug abuse may not apply.

| | | |
|---|------------------------------|-----------------------------|
| Do you agree to abide by camp rules, in particular, those regarding smoking, alcohol and drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently under criminal investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either or both of the last two questions, please explain, including dates and judgments on a separate sheet of paper

I have read and I understand the program offering in full and agree to the terms and conditions established therein.

I understand that I may receive only one (1) placement offer, and that failure to accept the terms of this offer without a valid explanation may lead to my cancellation from the program. I understand that as a participant in the InterExchange Camp USA program, I must be covered by accident and health insurance for the length of my stay in the United States. I have enclosed all supporting references and/or documentation. I hereby certify that the information is true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____

* 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

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 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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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, 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) _____

Participant Agreement

I _____ apply and agree, if accepted, to the following:

InterExchange, Inc. I have read and understand various related materials written in English, which have been made available to me. I am over the age of 18 years, having been born on _____ (MM/DD/YYYY), and have read this document carefully and related materials, if any, and understand all of the points and that this is a legal and binding agreement.

I, the undersigned, a prospective participant on the InterExchange, Inc. Camp USA program, understand and accept that the terms and conditions set forth in the Camp USA brochure, supplements and this agreement where not in conflict shall constitute part of my agreement with InterExchange, Inc.

As a participant I agree to:

- Submit a completed application packet to his/her international cooperator who is an independent contractor and not an employee of InterExchange, Inc.
- Attend an orientation and interview in his/her home country conducted by an InterExchange, Inc representative, if invited after the initial application screening. The participant is responsible for any expenses incurred in connection with the home country orientation and interview.
- Pay program and SEVIS fees to his/her international cooperator after the interview if accepted into the program.
- Be eligible to receive 1 placement offer. There is no guarantee that a camp director will extend a placement offer to an accepted participant.
- Pay the required medical insurance fee to his or her international cooperator by March 25 of this year. InterExchange, Inc. insurance will be effective for 3 and a half months.
- Obtain a valid passport and comply with all vaccination and immunization requirements. After InterExchange, Inc. has received all fees and the signed placement offer; InterExchange, Inc. will forward the DS 2019 form to the partner organization. The participant must then 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. (InterExchange, Inc does not cover the visa-processing fee.)
- Be present in good time for all flights or either transportation provided by InterExchange, Inc. or the partner organization. InterExchange, Inc. will not provide or be responsible for alternative transportation.
- Attend the New York orientation and travel to camp at the assigned time.
- Work for the contracted period at his/her assigned camp. The participant will be notified of the duration of the contract in his/her placement letter. For any placement over 9 weeks, s/he will receive an additional compensation of at least \$30.00 per day, unless the additional time of the placement is for specialized training. Participants will be notified of their total stipend in their placement details.
- 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 rates and regulations of InterExchange, Inc., the assigned camp and all U.S., federal, state and local laws.
- Be responsible for any personal debts incurred during the program.
- Contact InterExchange, Inc./Camp USA Division if any problems should arise at his/her assigned camp.
- 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 I am responsible for any additional costs that I may incur prior to my transatlantic flight. I must also pay my own way back to New York at the end of the program for my return flight. Self-travel and Direct Placement participants are responsible for their own travel arrangements. However, Self-travel participants are required to fly to New York on their arranged flight dates to attend orientation.

- I will fully cooperate with InterExchange, Inc. and those supervising the program on behalf of and in cooperation with InterExchange, Inc. and agree to abide by any reasonable instructions they may give me.
- 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 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 InterExchange, Inc. its directors, officers, agents, employees and organizations affiliated with it will act on my behalf in arranging transportation, in my placement as a camp counselor/support staff and in other services, and that I will not hold any of them 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, 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.
- I understand and agree that any controversy, dispute or claim arising out of or in connection with this agreement, the relationship with the parties, or its interpretation, performance or non-performance, or any breach thereof shall be determined solely in arbitration conducted in New York City in accordance with the then existing rules of the American Arbitration Association.

| | |
|--|----------|
| Applicant's Signature | MM/DD/YY |
| | |
| Print Name | |
| | |
| Note: Please sign both agreement pages. | |

*conditions subject to change without notice.

- 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

- An unplaced applicant who pulls out of the program after June 15 is entitled to a full refund less a \$35.00 USD administration fee.
- An unplaced applicant who cancels prior to June 15 forfeits the \$165.00* USD program fee and \$45.00* USD of the insurance fee.
- The \$35.00 SEVIS fee is completely non-refundable.
- An applicant who cancels from the program after receiving a placement will forfeit the entirety of his or her program fee, insurance fee and SEVIS fee.
- In the case of a visa denial, the applicant must return the DS 2019 form and submit proof of the denial by September 1st, after which InterExchange, Inc./Camp USA Division will issue a refund less a \$50.00 USD administrative fee.
- In no case will a participant who has already entered the United States receive a refund.

- If InterExchange, Inc. determines that the initial assignment is unsatisfactory due to no fault of the participant; InterExchange, Inc. will try to work with him/her to find a second placement. There is, however, no guarantee of a second placement.

- If a participant is unable to successfully complete a camp assignment for any reason, s/he will forfeit the program, insurance and SEVIS fees and his/her stipend, will have his/her visa status revoked and will be responsible for the cost of his/her return flight. S/he will be required to pay a minimum of \$300.00* USD and a maximum of \$900.00* USD to cover the costs incurred by InterExchange, Inc. S/he forfeits the independent travel time after camp, must return home on the next available flight and must cover any costs incurred in changing or rebooking his/her flight.

- 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.

*conditions subject to change without notice.

| | | |
|--|--|----------------------|
| Applicant's Signature | | MM/DD/YY |
| <input type="text"/> | | <input type="text"/> |
| Print Name | | |
| <input type="text"/> | | |
| Note: Please sign both agreement pages. | | |

Types of Camps

Below are brief descriptions of different types of camps. Please use them when you are deciding what type of camp would be best for you. By indicating that you are willing to work in a certain type of camp, you are giving us permission to place you at a camp of that variety. Check off only types of camps where you would be happy.

- Traditional/Private** – Individuals and families own and operate most of these camps. Facilities are well maintained and campers usually come from higher-income backgrounds.
- Family/Adult** – Parents and children participate in activities together or separately, and staff must be prepared to work with campers of all ages. Some of these camps may cater exclusively to senior citizens.
- Religious** – Christian and Jewish organizations operate many camps in the U.S. Religious camps emphasize the value of their respective faiths through traditional camp activities. The level of religious involvement for staff varies from camp to camp.
- Day** – Campers often spend 8 or more hours at camp each day but do not sleep there. Day camps are located in a variety of settings, such as cities, college campuses and traditional camp sites. Staff may live at the camp or with a host family.
- Underprivileged** – Non-profit organizations provide children from urban areas with a safe, positive outdoor experience. These camps seek staff with a background in youth or social work.
- Special Needs** – Campers at special needs camps may include children and/or adults with physical, mental, behavioral and/or learning disabilities. Staff lead many traditional and modified camp activities, and may assist individual campers with personal care.
- All Boys/Girls** – Campers build character and skills within a single-sex community. Some camps have a brother or sister camp nearby. Most scout camps fall under this category.