



International YMCA

We build strong kids,
strong families,
strong communities.

SUMMER WORK & TRAVEL PROGRAM

2010 Participant Orientation

Over View

The YMCA Movement & the International YMCA

YMCA International Summer Work & Travel Program

Tools for Success, Your DS-2019, J-1 Visa, & I-94

SEVIS & Reporting to the YMCA

Social Security, Payroll, & U.S Income Tax

Health Care, Insurance, & Emergency Assistance

Community Resources, Banking, & Housing

Travel, U.S. Laws, Safety, & Program Rules

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Welcome Brochure & Contacting the YMCA

The YMCA Movement:

1. George Williams founded the Young Men's Christian Association (YMCA) in England in 1844.
2. Today there are more than 12,000 YMCAs in over 120 countries.
3. The YMCA is the U.S.'s largest non-profit community organization.
4. In the U.S., YMCAs provide a range of programs and activities to enable all people to develop the fullest potential of mind, body and spirit.

The International YMCA:

1. International YMCA began as the Committee of Friendly Relations Among Foreign Students in 1911.
2. The International YMCA officially began to administer its first exchange visitor program in 1948 after receiving a grant from the Ford Foundation to bring trainees to the United States.
3. The International YMCA sponsors Camp Counselor, Intern, Summer Work Travel, and Trainee J-1 visas.

International YMCA Programs:

1. YMCA International Camp Counselor Program
2. YMCA International Training and Internship Program
3. YMCA Summer Work & Travel Program
4. YMCA Language Center & ELES AIR
5. YMCA Global Teens
6. YMCA Go Global
7. YMCA International Arrivals Program
8. YMCA and the United Nations
9. YMCA New Americans Welcome Center

The Purpose of the YMCA Summer Work & Travel Program

1. To provide post-secondary students the opportunity to work and travel in the United States for a period of four months during their summer vacations.
2. To enhance mutual understanding between people from countries around the world.

The Purpose of the YMCA Summer Work & Travel Program *(continued)*

3. To participate actively in cross-cultural activities with Americans.
4. To return home to share your experience and increased knowledge of the U.S.

Tools for Success

1. Read your program manual
2. Understand YMCA program rules & regulations
3. Do your best
4. Have an open mind
5. Learn and explore
6. Have fun
7. Ask questions

Important Documents Sent with DS-2019

1. Very important information sheet
2. Participant letter
3. Visa application information
4. I-901 proof of SEVIS payment
5. Embassy letter
6. Employer letter
7. Social security letter/application

Important Documents

DS-2019

1. Certificate of Eligibility
2. Present to US Visa Officer
3. Present to US Immigration Official at Border
4. Your visa is only valid when accompanied by the DS-2019
5. Specifies the purpose of your stay and the dates of your sponsorship



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
 EXPIRES: 02-28-2005
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

1. Family Name: Volyn		First Name: _____	Middle Name: _____	Gender: MALE	N000245
Date of Birth (mm-dd-yyyy): 09-28-	City of Birth: Volyn	Country of Birth: UKRAINE	Citizenship Country Code: UP	Citizenship Country: UKRAINE	J-1
Legal Permanent Residence Country Code: UP	Legal Permanent Residence Country: UKRAINE	Position Code: 215	Position: UNIVERSITY UNDERGRADUATE STUDENTS		
U.S. Address: 15400 18th Ave Minneapolis, MN 55447					
2. Program Sponsor: International Branch, YMCA of Greater NY			Exchange Visitor Program Number: P-3-04336		
Participating Program Official Description: SUMMER TRAVEL/WORK					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period: From (mm-dd-yyyy): 06-25-2005 To (mm-dd-yyyy): 09-25-2005		4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject/Field Code: 32.0101 Subject/Field Code Remarks: none			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: All other organizations providing support : \$5,040.00 Personal funds : \$2,000.00 Total : \$7,040.00					
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).		7. Eugene McKinney Name of Official Preparing Form 5 West 63rd Street 2nd Floor New York, NY 10023 Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 212-727-8800 ext. 4321 Telephone Number 04-06-2005 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) Signature of Responsible Officer or Alternate Responsible Officer		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Signature of Applicant _____ Place _____ Date (mm-dd-yyyy) _____					

Important Documents

J-1 Visa

- Permits you to enter the United States
- Issued by the US Visa Officer
- Having the DS-2019 does not automatically grant you the J-1 visa
- Affixed in passport
- Invalid without DS-2019
- Issued with the understanding you will return to your home country at the end of stay
- May require a two-year home residency before eligible for immigrant category visa

Important Documents

I-94

- Completed on the plane
- Record of entry and departure
- Determines how long you may stay in the US
- D/S or "Duration of Status"
- Surrendered when you leave US

Departure Number

502465729 00

Immigration and
Naturalization Service

I-94
Departure Record

14. Family Name

15. First (Given) Name

16. Birth Date (Day, Mo, Yr)

17. Country of Citizenship

See Other Side

STAPLE HERE

Sample

What is SEVIS?

1. Student and Exchange Visitor Information System
2. Tracks students and exchange visitors in the US
3. Your responsibilities
4. Failure to comply will result is the YMCA canceling sponsorship of your visa

Reporting to the YMCA

- Within 5 days of arrival at work site, inform YMCA of US address
- The YMCA will validate your record in SEVIS
- Inform YMCA of new address within 5 days of change

Reporting to the YMCA

3 Ways

1. www.internationalymca.org
2. Click on "Summer Work & Travel" and then "SEVIS"
3. 1-888-477-9622
4. ies@ymcanyc.org
5. Confirmation email

Getting a Social Security Number

1. Why do you need a SSN?
2. Apply immediately in person at Social Security Office
3. Bring passport, visa, DS-2019, I-94, social security letter, and job confirmation
4. You are a legal alien allowed to work
5. Use address where Social Security card can be mailed
6. Fill in your name as it appears in your passport
7. "Mother's maiden name" means her name before marriage

Getting a Social Security Number

1. Must be “active” in SEVIS
2. Must have been in US for 10 days
3. Ask for proof of application (SSA-5028)
4. 3-12 Weeks to process
5. Working before receiving your SSN card
6. DO NOT share your SSN information
7. SSN is permanent
8. Problems? Contact the YMCA
9. www.ssa.gov or 1-800-772-1213

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>			First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>			First	Full Middle Name	Last
	OTHER NAMES USED					
2	MAILING ADDRESS → <small>Do Not Abbreviate</small>					
	Street Address, Apt. No., PO Box, Rural Route No.					
				City	State	ZIP Code
3	CITIZENSHIP → <small>(Check One)</small>			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 2) <input type="checkbox"/> Other (See Instructions On Page 2)		
	4	SEX →			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5		RACE/ETHNIC DESCRIPTION → <small>(Check One Only - Voluntary)</small>			<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)	
	6	DATE OF BIRTH → <small>Month, Day, Year</small>			7	PLACE OF BIRTH → <small>(Do Not Abbreviate)</small>
			City	State or Foreign Country		FCI
8	A. MOTHER'S NAME AT HER BIRTH →			First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER → <small>(See instructions for 8B on Page 2)</small>			_____-____-____		
9	A. FATHER'S NAME →			First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER → <small>(See instructions for 9B on Page 2)</small>			_____-____-____		
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before?					
	<input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)					
11	Enter the Social Security number previously assigned to the person listed in item 1. →			_____-____-____		
	12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →			First	Middle Name
13	Enter any different date of birth if used on an earlier application for a card. →			_____ <small>Month, Day, Year</small>		
14	TODAY'S DATE → <small>Month, Day, Year</small>			15	DAYTIME PHONE NUMBER → <small>() - -</small> <small>Area Code Number</small>	
16	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.					
	YOUR SIGNATURE →			YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:		
			<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		CAN
ITV						
PBC	EVI	EVA	EVC	PRA	NWR	DNR
UNIT						
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
				DATE		
				DATE		
				DATE		

Understanding Taxes Withheld

1. All income is subject to tax
2. Taxes may include Federal, State, and Local income tax
3. You do not pay Social Security & Medicare tax.
4. Form 8233 and tax treaties

Filling Out the W-4 & I-9 Form

1. Check off single
2. You claim one personal allowance
3. You must pay taxes
4. I-9 employment authorization form

Getting a W-2 Form

1. Employer must send by Jan 31 for previous year
2. You must leave your address
3. Must show Social Security Number
4. Copy is sent by employer to Internal Revenue and State Tax Office
5. Contact employer if not received

Filing 1040NR-EZ Form

1. You must file tax return
2. Download from www.irs.gov
3. Can file electronically
4. Deadline is April 15th.

Filing State Income Tax Return

1. Tax Status determined by state law
2. Filing requirements determined by state law
3. Link to State Revenue web sites from www.irs.gov

Keeping Records

1. Keep photocopy of J-1 visa
2. Keep original copy of DS-2019
3. Keep Social Security Card
4. Keep copy of W-2 form.
5. Keep copy of completed 1040NR-EZ.
6. Keep detailed record of all contact with IRS.

Insurance

1. Covers Accidents or Injuries
2. What is Not Covered
3. On-the-job injuries covered by Workers Compensation
4. \$10 deductible for each accident or illness
5. Must use claim form
6. Always carry your insurance ID with you

Insurance Letter

Thank you for choosing the International YMCA Insurance Plan, insured by Nationwide Insurance and administered by Consolidated Health Plans.

Your insurance plan identification (ID) cards are attached below. Keep one card with you at all times and present it whenever you seek medical treatment. We have included an extra ID card in case one is lost or misplaced. The front of your card shows your ID Number, your Group Name and Number, and the Deductible that you are responsible for per accident or sickness. The back of the card provides contact information that you or a health care provider may need to verify your eligibility and benefits. To obtain more details about your insurance coverage, please consult your plan brochure or visit the International YMCA website at www.internationalymca.org.

Your plan offers a preferred provider network of hospitals, physicians and other health care providers. You are welcome to use any providers you wish, but choosing preferred providers can save you money. You can locate preferred providers online at www.phcs.com.

If you are traveling and have an emergency that requires travel assistance services, contact the On Call International call center 24/7 at 800-407-7307 (toll-free from the U.S. or Canada) or 603-898-9159 (call collect from anywhere in the world).

If you have any questions about your insurance or if any of the information on your ID cards is incorrect, please call Nationwide Insurance toll-free at 1-800-525-8669 and choose Option 3 for Customer Service.

Sincerely,

Consolidated Health Plans Staff

Insurance ID Card



**CONSOLIDATED
HEALTH PLANS**



Group: International YMCA
Group No: 50205016808032001EC2
Name: MARIO CORREA TAGLE
ID Number: U00000745
Deductible: \$10 per Accident/Sickness

Carry this Accident and Sickness Insurance Card at all times and present it to your medical service providers. Deductibles apply, and claim forms are required.

www.consolidatedhealthplan.com 800-633-7967

HOSPITAL or PHYSICIAN

This card is for identification purposes only.



Nationwide
On Your Side

To verify coverage call Nationwide Insurance: 1-800-525-8669

For details on your coverage, refer to your brochure or visit www.internationalymca.org

For 24/7 travel assistance only, call On Call International at 1-800-407-7307

**Forward all claims to: Nationwide Insurance
PO Box 420, Springfield, MA 01104-0420**

2008
*Insurance Information
& Claim Form*

**International
YMCA**

*International Camp Counselor
Program (ICCP)*

Summer Work Travel Program

Global Programs



Nationwide®
On Your Side

Nationwide Specialty Health™

P.O. Box 420
Springfield, MA 01104-0420
1-800-525-8669

EXCLUSIONS FROM COVERAGE

This policy does not cover the following:

1. Eye glasses or prescription therefor, or equipment for corrective treatment of sight.
2. Special appliances, except as noted in section B and C above.
3. Transportation costs, except ambulance service.
4. Suicide, or the attempt thereat, while sane or insane.
5. Injury occurring in a plane other than while riding as a passenger in a licensed passenger aircraft operated by a licensed commercial pilot, or hang-glider apparatus, or parachuting.
6. Dental treatment, dental X-rays, dentures, except for accidents to sound, natural teeth.
7. Health treatments where no injury or sickness is involved.
8. Expenses covered by other insurance.
9. Loss caused by war or any act of war.
10. Any Injury or Sickness which originated prior to the effective date of the insured person's coverage and which has been under treatment during a period of less than thirty-one (31) days immediately preceding that date.

TERRITORIAL LIMITATIONS

This policy covers only injury and sickness while the Insured Person is engaged in a trip away from his or her place of domicile.

NOTICE OF CLAIMS

All claims must be processed through Nationwide Insurance. Duplicate copies of the claim forms (provided by YMCA or obtainable by writing to Nationwide Insurance) should be submitted, together with particulars fully substantiating each claim, immediately after the date of the accident or commencement of illness, and in any case, before departure, if possible. If available, bills for initial expenses should be sent to Nationwide Insurance with the claim forms. All subsequent bills should be likewise sent. All charges must be substantiated with statements submitted by doctors, hospitals, pharmacies, etc. before payment on a claim can be made.

Please refer to the instructions for completion on the back of each claim form.

A detailed explanation of the coverage provided by Nationwide Insurance is contained in the master policy filed at offices of the YMCA Headquarters and is available during office hours.

Instructions for Filing Out a Claim Form

1. Be sure to fill in the name and address of the physician, even though you may not be submitting his or her bill at this time.
2. Be sure to sign the claim form and fill in the date when you mail to the Company.
3. Enclose all bills and duplicates that you have pertaining to the illness or injury. Mail the claim form and all bills to:
Nationwide Insurance Claims Department
P.O. Box 420
Springfield, MA 01104-0420
5. It is best to submit all bills for an illness or injury at the same time. However, if there is a delay in your receiving a bill or if your case will require extended or repeated treatment, file a claim as soon as possible after treatment, and send in the bills as you receive them. In this case, please indicate below that additional bills are to follow, giving details if possible.

IN NO CASE SHOULD YOU DELAY BEYOND 10 DAYS AFTER THE TERMINATION OF YOUR PROGRAM BEFORE SUBMITTING A CLAIM.

Name of insured _____ Social Security # (if applicable) _____

Permanent Address - Home _____

Parent or guardian if claimant is under 21 _____

Name of camp or organization _____

Address, if other than above - U.S.A. _____

Date of illness or accident _____ Name of illness or injury _____

If illness, have you had it before? _____ When? Date of last medical treatment _____

If accident, how did it happen? _____ No _____ If yes, is coverage available under your employer's Worker's Compensation insurance? _____

If accident, is it job related? Yes _____ No _____ If no, your employer must enclose a letter of denial from his or her Worker's Compensation insurance company so that we may process the claim.

Check should be sent to: Doctor Hospital Claimant Other _____

Name and address of physician _____

If payment is to other than provider (Doctor or Hospital) attach proof of payment. _____

PHYSICIAN, SURGEON OR HOSPITAL AUTHORIZATION

I hereby authorize any hospital, physician, or other person who has attended me or examined me, to furnish to Nationwide Insurance or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____ Signature _____

Maternity Expense Benefit (\$2,500 Maximum Limit) -- We will pay, subject to all other provisions of the Policy applicable to sickness, the charges for Covered Expenses incurred as a result of pregnancy, including resulting childbirth, abortion or miscarriage. Benefits are payable for charges made by:
a) a physician for the performance of an obstetrical procedure and examination;
b) a Hospital for medical care and treatment, including room and board and floor nursing care;
c) an anesthetist or by a Hospital for the cost and administration of anesthetics;
d) a professional ambulance service;
but in no event will the benefits payable exceed the maximum amount of \$2,500.00. Pregnancy must commence after you become a participant in the YMCA Program and while the coverage is in force.

Psychiatric Care Benefit (\$5,000 Maximum Limit) -- We will pay for expenses incurred for psychiatric care on an inpatient basis up to a maximum of \$5,000 per sickness. Expenses incurred for psychiatric care on an outpatient basis will be reimbursed up to a maximum of \$1,000 per sickness (the maximum amount payable for any one visit shall not exceed \$100.00). The combined maximum aggregate per sickness for inpatient and outpatient care is \$5,000.

**TRAVEL ASSISTANCE SERVICES PROVIDED BY
ON CALL INTERNATIONAL (OCI)**

If you are traveling and have an emergency, contact the 24/7 call center at 800-407-7307 (toll-free from the U.S. or Canada) or 603-898-9159 (call collect from anywhere in the world).

Emergency Evacuation (\$50,000 Combined Single Limit) -- If you or your dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of OCI's Medical Director, OCI will provide emergency evacuation (under medical supervision if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services include arranging and paying for transportation and related medical services (including cost of medical escort) and medically necessary incurred in connection with the emergency evacuation.

Medically Necessary Repatriation (Included in the CSL) -- After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and OCI's Medical Director deem it medically necessary, OCI will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Repatriation of Mortal Remains (\$7,500 Maximum Coverage Limit) -- In the event of your death, OCI will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of-kin.

Visit by Family Member or Friend (\$2,500 Maximum Coverage Limit) -- If you are hospitalized for more than seven (7) days and are traveling alone, OCI will arrange and provide your family member or friend with transportation to visit you.

As a participant in a YMCA sponsored program which includes accident and sickness insurance, this brochure outlines the basic provisions of coverage in force and available to you.

Period of Coverage

Coverage is in force from the day of departure from the USA through the conclusion of the program.

Nature of Coverage

Death Benefit (\$10,000) -- If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident.

Specific Loss Benefit (Face Amount \$20,000) -- If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

Each Arm	\$15,000.00
Each Leg	15,000.00
Each Hand	10,000.00
Each Foot	10,000.00
Sight of Each Eye.....	10,000.00
Speech	10,000.00
Hearing of Each Ear	5,000.00
Thumb & Index Finger of Same Hand	5,000.00

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

Accident & Sickness Medical Expense Benefit (\$100,000 Maximum Limit, \$10 deductible per accident) -- If, as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date sickness begins, we will pay, less the \$10 deductible and not to exceed the overall maximum benefit amount, all covered expenses incurred within 52 weeks from such dates.

Covered expenses means the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- 1) hospital or surgical center care;
- 2) medical treatment;
- 3) nursing care provided by a licensed nurse;
- 4) X-rays and lab exams;
- 5) prescription drugs and therapeutic services and supplies;
- 6) dental treatment as a result of injury to sound, natural teeth; and
- 7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
 - a) physical, occupational, respiratory and speech therapy;
 - b) the services of a home health aide and
 - c) medical supplies.

As excess medical has been elected, we will not pay benefits for, nor can this plan's deductible be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

Finding a Doctor

1. Ask your employer
2. www.phcs.com
3. Use a preferred provider to save money

What to do if...

1. You are arrested
2. You are in an auto accident
3. You are the victim of a crime
4. You are injured

Emergency Assistance

1. Call the International YMCA:
2. 1-212-727-8800
3. 1-888-477-9622 (toll-free)
4. Call the International YMCA Emergency Telephone at 1-917-841-4498 (evenings, weekends, & holidays)
5. Your participant identification card

Community Resources

1. Public transportation
2. Medical centers
3. Libraries
4. Additional government information & resources
5. Your local area YMCA
6. Finding a bank
7. Additional neighborhood listings

Banking

1. Opening a bank account
2. Bank system is regional
3. Ask about fees
4. Direct deposit

Accommodations

1. Ask employer, co-workers, everyone
2. Apartment shares and sub-lets
3. Classifieds
4. Universities
5. Rental agencies (fees apply)
6. Internet
7. www.craigslist.com

Travel Outside the US

1. The International YMCA must sign DS-2019
2. Sending the DS-2019
3. Include pre-paid certified return envelope
4. Valid visa with multiple entries
5. Travel up to 30 days only
6. Emergency service available
7. May need visa for another country

US Laws and Safety

1. Use or possession of drugs
2. Purchasing/drinking alcohol under 21
3. DWI (Driving While Intoxicated)
4. Open bottles
5. Hitchhiking
6. Legal age of consent: 18
7. Sexual Harassment
8. Shoplifting
9. AIDS and STD's
10. Bike Safety
11. Car Rentals

Concern for Safety of Children

1. Mandatory background checks for all working with children
2. Physical abuse is illegal
3. Neglect is illegal
4. Emotional abuse is illegal
5. In some states, dating a minor can be illegal
6. Sex with a minor (under 18) can be considered statutory rape

Participant Agreement

1. Terms of Exchange Visitor Visa
2. Pre-Departure Orientation
3. Acceptance of Employer Placement and Applicable Duties of Job
4. Maintenance of Sickness and Accident Insurance.
5. Changing of Jobs and Second Jobs

Participant Agreement

(continued)

6. Personal Expenses
7. Program Evaluation
8. Participant Legal Issues
9. Termination of Sponsorship
10. Remaining in the U.S. past J-1 Expiration Date

Immediate & Long-Term Consequences for Violating Program Rules

1. Termination of Visa Sponsorship
2. Immediate return to your home country
3. Difficulty obtaining J-1 visas in the future
4. Possible difficulty obtaining any visa to travel to the United States

Living in the United States

1. Cultural history sites
2. Parks
3. Museums
4. Theaters
5. Sport venues

Cultural Characteristic of Americans

1. Informality

2. Tact

3. Direct

4. Materialism

5. Touching

6. Time

7. Roles

8. Assertive

9. Servants

10. Uninformed

11. Friendly

12. Security

Culture Shock and Adjustment

1. Cultural Stress
2. Symptoms of Culture Stress
3. Ways to Reduce Cultural Stress

Success at Work

1. Positive attitude
2. Understand differences
3. Work hard and follow rules
4. Have fun

Meeting People/Making Friends

1. Getting Involved in the Community
2. Meeting Other People
3. Making the Most of Your Time

Before You Leave

1. International driver's license
2. Bring money!
3. Bring program manual
4. YMCA 24-hour emergency: 1-888-477-9622
5. Employer agreement
6. Travel instructions to work site
7. A change of clothes
8. Your passport and DS-2019
9. A blue or black ink pen

Upon Arrival

1. Call your parents
2. Call your employer
3. Contact the YMCA to register with SEVIS

On Going Home Again

1. Close your return ticket far in advance
2. Confirm return flight 5-7 weeks in advance
3. Must leave U.S. within 30 days of end date on DS-2019
4. YMCA does not support change of visa status requests
5. It's your responsibility to return home in time to start classes

**The Office of Exchange
Coordination and Designation of
the Department of State & the
Exchange Visitor Program
Welcome brochure:**

- [Http://exchanges.state.gov/education/jexchanges/about/welcome_brochure.htm](http://exchanges.state.gov/education/jexchanges/about/welcome_brochure.htm)

WAIVERS AND THE TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT [212(E)]

TWO-YEAR HOME-COUNTRY Physical Presence Requirement [212(e)] — Some Exchange Visitor Program participants and family members who were admitted to the U.S. or who adjusted their visa status to J after admission must return home for a minimum of two years after completing their educational or cultural exchange program before they can change or adjust their status. This requirement applies to those whose:

- (1) Exchange program was financed to some extent by the U.S. Government or your home country government;
- (2) skill appears in the Exchange Visitor Skills List as identified by their home country government; or,
- (3) purpose in coming to the United States was to receive graduate medical education or training. For details, see [(22 CFR 62.44 (e))] or contact your responsible officer.

Waivers— Contact information for the Waivers Review Branch is as follows:

Waiver Review Public Inquiry Number: (202) 663-1225
Waiver Review FAX number (202) 663-8666
Microlog number for status check on waiver requests:
(202) 663-1600

Visa Office Homepage: <http://travel.state.gov>



Exchange Visitor Program

Bureau of Educational
and Cultural Affairs

United States
Department of State

SA-44, Room 734
301 4th Street, S.W.
Washington, D.C. 20547

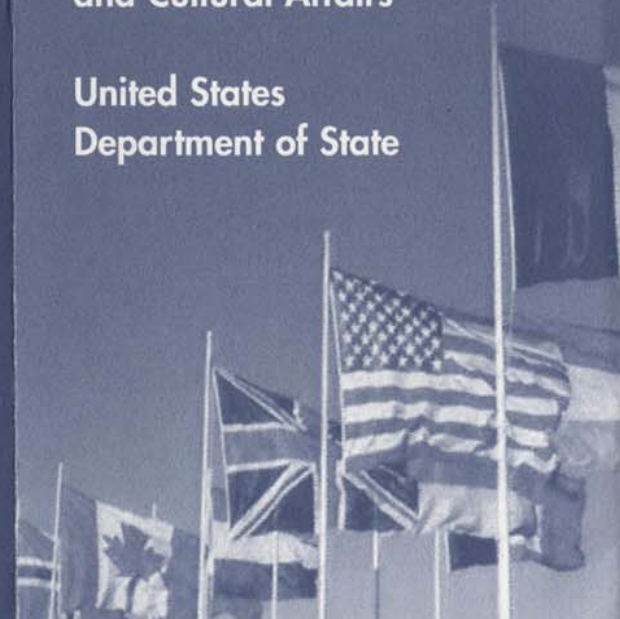
TEL: (202) 401-9810
FAX: (202) 401-9809

The Exchange Visitor Program

WELCOME BROCHURE

Bureau of Educational
and Cultural Affairs

United States
Department of State



The Department of State welcomes you to the United States. We are pleased to receive you as an exchange visitor. This brochure is designed to help you understand the purpose and operation of the Exchange Visitor Program and to introduce you to some of the major requirements of the Exchange Visitor Program regulations that are most relevant to you.

THE EXCHANGE VISITOR PROGRAM

THE U.S. DEPARTMENT OF STATE administers the Mutual Educational and Cultural Exchange Act of 1961, as amended. The Act promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange. The Exchange Visitor Program provides foreign nationals with opportunities to participate in exchange programs in the United States and then return home to share their experiences.

Sponsors — The U.S. Department of State designates sponsors to administer individual exchange visitor programs. Sponsors are U.S. organizations such as government agencies, academic institutions, educational and cultural organizations, and corporations. They screen and select exchange visitors participating in their programs, provide them with pre-arrival information, an orientation, and monitor their activities.

Sponsors offer exchange visitors cross-cultural activities that will expose them to American society, culture, and institutions. Exchange visitors are encouraged to voluntarily participate in activities that provide them with an opportunity to share their language, culture, and history with Americans.

Responsible Officers — Sponsors appoint individuals as responsible officers and alternate responsible officers to advise and assist exchange visitors. These officers issue the Certificates of Eligibility (Form DS-2019, formerly IAP-66), and conduct official communications with the Department and the Immigration and Naturalization Service (INS) on your behalf. Should you have questions about the regulations or any aspect of your exchange program, your initial and primary contact is the responsible officer whose name you can find in Block 7, at the bottom right of the DS-2019 form.

Exchange Visitors — An exchange visitor is a foreign national selected by a sponsor to participate in an exchange program, and is issued a J-1 visa. An accompanying spouse and any unmarried children under 21 years of age, may apply for J-2 visas, with the permission of your sponsor.

RULES – REGULATIONS

IT IS IMPORTANT THAT YOU understand and abide by the Exchange Visitor Program regulations, U.S. laws and sponsor rules. Regular contact with your responsible officer will help you keep current of any changes which may affect your J status. Some requirements of the Federal regulations and where to find them are indicated below.

Activities and Program Provisions — You entered the United States in one program category, and are required to engage in that category and subject/field of activity listed on your form DS-2019 (formerly the IAP-66). You must comply with the specific program provisions of the regulations relating to your program category.

Insurance — You are required to have medical insurance in effect for yourself and any dependents in J-visa status for the duration of your program. Some sponsors provide the required insurance for their participants. Other sponsors may allow you to make your own arrangements or may help to identify insurance carriers. Consult with your responsible officer before the start of your program.

(a) **Minimum Coverage** — Insurance shall cover: (1) medical benefits of at least \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of \$7,500; and (3) expenses associated with medical evacuation in the amount of \$10,000.

(b) **Additional Terms** — A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.

(c) **Maintenance of Insurance** — **Willful failure on your part to maintain the required insurance will result in the termination of your exchange program.**

Transfers — Exchange visitors may transfer from one sponsor to another only if they are released by the first sponsor as required by the regulations. A transfer must be clearly consistent with the intent and purpose of the original program objective and category. A transfer does not extend the length of the maximum program duration of the category. Insurance may be obtained with the new sponsor.

Extensions — An exchange visitor's program may be extended at the sponsor's discretion to the extent permitted by the regulations. Sufficient funds must be available to support you and any dependents if a new Form DS-2019 (formerly IAP-66) is to be issued. Insurance is also required.

Maintenance of Status — You are required to have a valid and unexpired Form DS-2019 (formerly IAP-66). Sponsors may terminate an exchange visitor's program for violating U.S. laws, Exchange Visitor Program regulations or the sponsor's rules governing their particular program.

Notification — You must inform your responsible officer if you change your address or telephone number, or complete or withdraw from your program early. Doing so assists your sponsor in complying with their notification and reporting requirements to the U.S. Department of State.

Current Regulations — The Exchange Visitor Program regulations are located in the Code of Federal Regulations, (22 CFR, Part 62 — formerly Part 514). The regulations are generally available for review at the offices of responsible officers, universities, law schools, or large public libraries. They are also available on the Internet at:

<http://www.exchanges.state.gov/jvisa>

For Further Information — Additional requirements that may apply to you are set forth in the Exchange Visitor Program Regulations. Review a copy of the current regulations and consult with your responsible officer.

The address, telephone and fax numbers and web site address of the Exchange Visitor Program, Bureau of Educational and Cultural Affairs, United States Department of State is:

SA-44, Room 734
301 Fourth Street, SW
Washington, DC 20547

TEL: 202-401-9810 FAX: 202-401-9809

Internet address:
<http://www.exchanges.state.gov/jvisa>

International Branch YMCA of Greater New York

- Mailing Address:** 5 West 63rd Street
2nd floor
New York, NY 10023
Scott Curry, Responsible Officer
- Web Address:** www.internationalymca.org
- E-mail Address:** scurry@ymcanyc.org
- Telephone:** 1-888-477-9622 Ext. 4311 (toll free)
1-212-727-8800 Ext. 4311
- Emergency Telephone:** 1-917-841-4498 (evenings,
weekends, and holidays)
- Fax:** 1-212-727-8814