



YMCA INTERNATIONAL TRAINING & INTERNSHIP PROGRAMS

HOST COMPANY INFORMATION

All fields must be completed. Incomplete applications will not be processed.

Host Institution Name:	
President/CEO (Name):	
Contact Person (Name):	Direct Phone:
Title:	Email:
Direct Supervisor of Trainee (Name):	Direct Phone Number:
Title:	Email:
Summary of Qualifications of Direct Supervisor:	
Host Company Address:	Telephone:
City, State:	Fax:
Zip Code:	e-Mail:
Training Site Address:	Web Site Address:
City, State:	Telephone
Zip Code	Fax
	e-Mail Address
	Web Site Address
Industry/Type of Business:	
Total No. of Employees in the organization:	Total No. of J-1s in the organization:
Number of Employees at the Training Site:	Total No. of J-1s at Training Site:
Annual Revenue for most recent fiscal year:	
Federal Employer ID Number (EIN):	DUNS Number:
Month/Year Incorporated:	State/Country Incorporated:
Workman's Compensation Insurance Policy Number and Provider:	
Does the company operate 12 months per year?	Does the training location operate 12 months per year?
Dates of company closure:	Dates of training site closure:
Is English the primary language spoken in the company? ___Yes ___No	Is English the primary language spoken in the training site? ___Yes ___NO

PARTICIPANT SELECTION & POSITION

APPLICANT IS: <input type="checkbox"/> Trainee (18 MONTHS MAXIMUM) <input type="checkbox"/> Intern (12 MONTHS MAXIMUM)	The Host Company Named above is offering this position to (Full name):
Proposed period of training/internship: Start Date: _____ End Date: _____	
How was the applicant selected for this position?	
Was a third party used to identify, screen or recruit this participant? ___Yes ___No	
If Yes, state name of person and/or company:	
Trainee/Intern's position in the company (title):	
Is this position full-time (min. 32 hours per week): ___Yes ___No	
Does this position involve contact with children? ___Yes ___No	
Will this position require more than 20% clerical work? ___Yes ___No	

Was this position created for the sole purpose of international exchange? Yes___ No___	
Has an American part-time or full-time staff member ever held this position? ___Yes ___No	
Is this participant being trained for permanent employment in the U.S.? ___Yes ___No	
Has the applicant previously been employed by the host company? ___Yes ___No	
If yes, please specify the period(s) of the applicant's past or current employment at the host company and the position(s) held (attach additional pages if necessary):	
(month/day/year)	Position held
(month/day/year)	Position held
(month/day/year)	Position held

PARTICIPANT SUPPORT & SUPERVISION

What type of orientation will the company provide to this participant?
What resources and equipment will be provided to the participant to complete the program?
What type of office space or work space has been designated for the participant?
Participants company e-mail address:
Participant's company telephone number/extension:
Will the Supervisor named above be available to provide continuous, on-site supervision for the participant? ___Yes ___No
List names and titles of others who may provide supervision/guidance in the absence of the Supervisor.
What mentoring will be provided to the participant? By whom?

FINANCIAL SUPPORT

Is the host site providing financial support to the trainee? Yes___ No___	
Is financial support being provided by a source other than the host company? ___Yes ___No	
If yes, Name of person/company providing financial support:	
Amount of to be provided for the entire program period: \$_____	
Is room and board provided? ___Yes ___No	If yes, By whom?
At what location?	At what cost?
Will cost of room and board be deducted from participant's salary? Yes___No___	
Who is paying the YMCA program and insurance fees? ____Trainee ___Host Site ___Third Party	
Will the cost of YMCA program and insurance fees be deducted from the trainee's financial support? Yes___ No___	

Name of Person completing these forms:
Title:
Affiliation to Host Company:



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APPLICATION CHECK LIST FOR HOST COMPANY

- Brochures, web-pages, articles, OR Annual Report
- Copy of Articles of Incorporation
- Supervisor's Resume
- Signed Host Company Agreement
- Signed DS-7002 (Training/Internship Program Plan)
- Copy of Contract/Offer letter to the trainee
- Proof of Worker's Compensation (Copy of Declarations Page)



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HOST COMPANY AGREEMENT

Please read and sign below.

J-1 Visa Sponsorship

- I understand and agree that the primary objectives of the J-1 program are to foster cultural exchange and to enhance the exchange visitor's knowledge and skills in his/her occupation through participation in a structured training/internship program, and to improve the participant's knowledge of American business practices, methodologies, techniques, and expertise in the occupational field. I will provide the trainee/intern with time and opportunities to pursue cultural and community service activities as an essential part of this program.
- I understand that International YMCA is the J-1 Visa Sponsor of this program as designated by the U.S. Department of State, and that the company I represent is the Host Company.
- I certify that all information included in this application is true and accurate to the best of my knowledge.
- I understand that submission of an application does not guarantee approval or acceptance into the program.
- I understand that approval of this application by the International YMCA does not guarantee that the J-1 Visa will be granted to the participant by the U.S. Embassy. I understand that the YMCA cannot be held responsible for visa denials.

Role of the Visa Sponsor

- I understand that the International YMCA as the Visa Sponsor will verify the information contained in this application. If the information contained is determined to be false at any time before or during the program, YMCA can reject the application or terminate visa sponsorship.
- I understand the International YMCA as the visa sponsor is authorized and required by the Department of State to monitor compliance with J-1 visa regulations, the training/internship plan, and YMCA policies. The International YMCA may require modification of the training/internship plan or terminate visa sponsorship if YMCA staff determine the J-1 regulations, the training plan, or YMCA policy is not being followed.
- I understand that the training/internship plan and components cannot be modified without the prior written approval of the International YMCA. If any changes to the training/internship plan are needed, I agree to submit a request for such changes in writing. I understand that a new DS-7002 will be required to document the newly revised training/internship plan.
- I understand that site visits are required as per J-1 visa regulations, and that the YMCA as the visa sponsor can request a visit to my company and/or the actual training/internship site at any time before or during the training/internship program. I understand that failure to accept a requested site visit can prohibit the placement of trainees/interns with this Host Company and/or result in the termination of visa sponsorship.
- I understand that the YMCA as the visa sponsor must maintain accurate, up-to-date information on the Host Company, Host Company Contact person, and the trainee/intern's direct Supervisor. I agree to provide the International YMCA with written notification of any changes to the information provided in the enclosed Host Company Information forms within 10 days.

Responsibilities of the Host Company

- I agree to enclose payment to the International YMCA for the Program Fee, Insurance Fee, and any other required fees for this program. I understand that this application will not be processed or approved until full payment has been received.
- If the Acceptance Package containing the DS-2019 form is undeliverable to the address provided on the application, I agree to pay the International YMCA \$50 for second delivery.
- I agree to provide continuous, on-site supervision of the trainee/intern as well as mentoring by experienced, knowledgeable staff for the duration of the training/internship program as required by the J-1 visa regulations.
- I agree to complete, with the trainee/intern, no less than two evaluations per year. I understand that the J-1 visa regulations require at minimum a mid-stay and end-of-stay evaluation. The International YMCA provides evaluation forms for this purpose and I agree to complete and return all evaluation forms in a timely manner.
- I agree to provide sufficient resources, plant, equipment, and trained personnel to provide the specified training/internship program as required by the J-1 regulations, and as described in this application. I understand that if there should be any change to this Host Company's ability to provide these resources as required, I must notify the International YMCA in writing immediately.
- I certify that this training/internship program will not to be used to train exchange visitors for employment in the United States.
- I certify that trainees/interns will not be in positions that would otherwise be filled by U.S. residents or full- or part-time employees.
- I understand that I may not in any way assist the trainee/intern to extend his/her stay or remain in the United States beyond the end date of his/her DS-2019.
- I agree to be responsible for providing an orientation to the trainee/intern upon arrival.
- I will notify the trainee as to what expenses are covered by the host company. I will clearly specify those expenses for which the trainee is personally responsible, including room, board, and transportation to/from the program site.
- I will adhere to all Federal, State, and Local regulations regarding payroll taxes, insurance, health and safety, and background screening.
- I understand that the Host Company, the YMCA, or the trainee/intern can end this training/internship program at any time. I agree to notify the International YMCA in writing within 5 business days if the host company ends or terminates this training/internship program.

By signing below I certify that I am the Host Company Contact named above; that all of the responses written above are true and accurate; that the Training/Internship Supervisor has also read the Training/Internship Plan and Host Site Manual; and that I am an employee of the Host Company who is authorized to sign this document on its behalf.

Host Company Contact Signature _____ Date _____