INTERNATIONAL CAMP COUNSELOR PROGRAM

International YMCA
We build strong kids, strong families, strong communities.

Trainee Program Application

PART A

(Host Site)

Host Site Information: (COMPLETE IN CAPITALS ONLY)

Site Name:

Director or Supervisor:

Host Site Address:

City: **State:** **Zip Code:**

Telephone: **Fax:**

Emergency Phone:

Email Address:

Type of Business:

Training Site Address: (if different from Host Site address)

City: **State:** **Zip Code:**

Telephone: **Fax:**

Emergency Phone:

Website Address:

Number of Employees:

Applicant / Training Information:

Applicant's Full Name:

Date applicant begins training? Month / Day / Year (this will be the start date of J-1 Visa)

Date applicant ends training? Month / Day / Year

Total Number of weeks: (Cannot exceed 78 weeks. The World Student Insurance Service will insure the trainee)

Number of weeks: X $10.75 per week insurance = $0.00

Total Salary (please include a total for training period) $

Describe the principle activity of the Host Site:

Describe the direct supervisor(s) qualifications in relation to providing this training program:

Financial Information:

For the entire period covered by the training visa, estimate the financial support (in U.S. dollars) which will be provided to this exchange visitor by:

A.	Host site:	$
	Is room and board provided? YES ☐ NO ☐	
B.	U.S. Government agency:	$
C.	International Organization:_____	$
D.	Trainee's Government	$
E.	Bi-national commission of trainee's country	$
F.	All other organizations providing support	$
G.	Trainee's personal funds	$

Checklist:

- ☐ PART A (Host Site)
- ☐ PART B (Participant)
- ☐ Copy of Training Plan
- ☐ One Reference
- ☐ Copy of Agreement
- ☐ Police Background Check

Application fee:

3—6 Month ($765)	
6-12 Month ($815)	
12-18 Month ($865)	
Insurance cost ($10.75 x No. weeks)	$0.00
TOTAL ENCLOSED:	$0.00

Payment: Check enclosed ☐ Credit Card ☐ (Note: Only Checks issued in the U.S. are acceptable)

Participant Name:	
Host Site Name:	
Card Type: ☐ **American Express** ☐ **Visa** ☐ **MasterCard**	
Card Number:	**Security Code:**
Expiration Date: (month / year)	**Amount to Charge: $**
Name as it appears on credit card:	**Signature:**

Who is paying this fee? Camp ☐ Participant ☐

If camp is paying, will this be deducted from the participant's salary? YES ☐ NO ☐

Special notes:

- **Refund policy:** (ICCP will refund all of the accident/illness insurance and $300 of the program fee to camp upon receipt of written notice within 15 days of visa start date of visa denial, cancellation. Camps that terminate participants or if participants leave the program early should notify ICCP immediately and should pay the participant a pro rated amount for salary. ICCP will then consider a prorated insurance refund, calculated using the remaining number of weeks on the training plan.)
- **Extensions:** $250 (up to maximum of 18 months/78 weeks) Plus cost of insurance at $10.75 per week.
- **DS-2019 FORM/SEVIS Fee Receipt:** (DS-2019 forms can be re-issued for a fee of $75.)