



J-1 Exchange Visitor Program – Participant Application Form

Please make sure to type or clearly print the information requested in each of the fields. Please indicate "N/A" or "None" instead of leaving fields blank. Failure to complete the application and sign the paperwork will result in the delay or rejection of your application.

Personal Information

Last Name (family name)

First Name

Other Name(s) (as listed on passport)

Date of Birth (mm/dd/yyyy)

City of Birth (as listed on Passport)

Country of Birth

Country of Citizenship

Passport Number

Passport Expiration Date (mm/dd/yyyy)

Country of Permanent Legal Residence

(If you are an EU citizen and have lived for more than five years in another EU-country, please indicate that country as your place of legal permanent residence. If you are a non-EU citizen and have indicated Germany as your place of legal residence, please include a German residence permit in your application. Otherwise, please list the country of your citizenship.)

Marital Status:

Single

Married

Gender:

Male

Female

J-1 Visa Category

Intern (Student with minimum of 1 completed university semester, or recent graduate within 12 months of graduation)

Trainee (post-secondary diploma and 1 year of relevant work experience, or 5 years of relevant work history)

Internship/Traineeship Dates (mm/dd/yyyy)

Date of Arrival in U.S.:

Program Start Date:

Program End Date:

Date of Return to Home Country:

You **must** enter a date of departure and return. Please inform the GACC if you plan to enter the U.S. earlier than stated here. You **may** enter no more than 15 days after the start date unless approved by the GACC. The date of return must be no more than 30 days after end of exchange visitor program.

Current Address

Street Address

(all documents will be sent to this address)

Postal Code

City

State (if necessary for mail)

Country

Telephone

Mobile Phone

Email

Permanent Address

Street Address

Check here and do not complete if the information is the same

Postal Code

City

State (if necessary for mail)

Country

Telephone

Mobile Phone

Email

Emergency Contact

(must be a relative, spouse, or guardian)

Full Name

Relationship to You

Street Address

City

Postal Code

State (if necessary for mail)

Country

Telephone

Mobile Phone

Email

Dependent Information (please check applicable boxes)

No dependents will be accompanying me. My spouse My child(-ren) will accompany me. (# of children _____)

Please be aware that you need to inform the GACC if you wish to bring any dependents. You will be given an additional form for each dependent.

English Ability

Your English language skills will be verified by a GACC representative during the obligatory telephone interview.

**Health
Insurance
Information**

As a participant of the J-1 Exchange Visitor program you are required by the U.S. Department of State to have sufficient insurance coverage throughout your stay in the U.S. You may obtain coverage through a health insurance provider in your home country. You will find the benefits minimums required by the U.S. Department of State on our website at www.go-j1.com/en/applicant/health-insurance/.

Please make sure that all the benefit minimums are met.

Please indicate your insurance option:

1. I am already covered by an insurance carrier in my home country.

- I hereby confirm that this insurance covers the minimum benefits as shown on our website at www.go-j1.com/en/applicant/health-insurance/.
- This insurance will cover me from my date of entry in the US, during my program, plus 30 days following its completion.
- I have attached a copy of the insurance policy including coverage dates.

Please check off all fields if this is your insurance option!

2. As an alternative you may purchase health insurance through **Global Secutive, LLC**, which is an American insurance company based in St. Petersburg, Florida. This health insurance covers the required benefits. To secure insurance through Global Secutive, LLC, please click on following link, fill in the required information, and print out the confirmation after completing payment: www.esecutive.com/gacc.

Attention! Please enter the following dates as the insurance duration: The start date should be your day of entry into the U.S. and the end date should be 30 days after the end of your exchange visitor program.

- I have selected health insurance coverage under Global Secutive, LLC, through the GACC's online portal. I am aware that I need to contact the administering health insurance company in case of questions or concerns.
- I have attached a copy of the insurance policy including coverage dates (all confirmation pages received).

Please check off all fields if this is your insurance option!

Regardless of whether you secure health insurance through a privately chosen provider or through Global Secutive, please attach an insurance confirmation to your application, which details your name, the terms of the coverage, and the exact dates of validity (it should be valid from the day of entry into the U.S. until 30 days after the end of the exchange visitor program).

Signature

Date (mm/dd/yyyy)

Section I: General Rules and Guidelines for the J-1 Visa

1. The German American Chamber of Commerce (GACC) is a nonprofit organization authorized by the United States Department of State (DoS) to sponsor program participants under the J-1 Exchange Visitor visa.
2. The GACC is authorized by the DoS to issue the Certificate of Eligibility DS-2019. This document allows participants to obtain a J-1 visa at a U.S. Consulate in their home country.
3. The GACC does not support activities in "unskilled occupations" (22 C.F.R. § 62.22, Appendix E) such as home health care, child care, door-to-door sales, telemarketing, gardener, etc. The GACC also cannot support activities in areas of patient care, flight training, ship and aircraft crew, teacher or teaching assistant, and in the fine or performing arts and any positions with more than 20% clerical tasks.
4. The duration of a J-1 intern/trainee visa is limited to a maximum of 12/18 months. All positions must be full-time with a minimum 32 hours per week.
5. The DS-2019 is issued to reflect the dates of the program. Participants are allowed to stay for 30 days beyond the end date, so long as this period is not used to continue the internship.
6. The GACC can withdraw sponsorship if any of the conditions of the program are altered without the GACC's advance permission. If sponsorship is withdrawn, the participant must return to home-country immediately.
7. The GACC has no influence on the actions of the U.S. Consulates. The GACC is not responsible and can neither help nor interfere with Consulate-related issues including visa processing time, Consulate appointments, or visa rejections.
8. The GACC takes no responsibility if participants must rebook flights. Candidates are thereby advised not to book flights until their visa has been received.
9. The GACC is not responsible for time lost on the DS-2019 should a participant arrive in the US later than the start date as listed on the DS-2019.
10. No individual who is out-of-status or who has overstayed any duration of stay with any other visa type will be considered for GACC sponsorship.
11. The GACC reserves the right to deny sponsorship to any individual whom it does not deem appropriate for program participation.
12. The GACC will **not** proceed with the issuance of a DS-2019 without signed and completed paperwork, including receipt of all GACC fees.

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Section II: Responsibility of Program Participants

1. It must not be the intention of the participant to abandon his/her permanent home-country residence and/or citizenship.
2. It is forbidden to apply for a J-1 visa in conjunction with filing for any other US non-resident alien visa.
3. Participants are responsible for considering all risks to health and safety that may occur in conjunction with living for an extended period of time in a foreign country. If a participant suffers from any condition that may impede program participation, it is required that this is disclosed to the GACC prior to the issuance of the DS-2019.
4. Participants are required to cover all fees associated with visa application including Consulate fees and the SEVIS fee in conjunction with the DoS data collection system.
5. Participants must schedule and attend an in-person interview at the US Consulate in their home country in order to receive their J-1 visa.
6. Participants are responsible for reading all orientation information available online and in the information packet distributed by the GACC.
7. Participants must enter the US on or before the start date listed on the DS-2019. Failure to do so or to inform the GACC may result in additional fees and penalties or visa termination at the discretion of the GACC.
8. Participants must return their "Check-In" form to the GACC within the first 15 days of their internship start date. Failure to do so may result in additional fees and penalties or program termination at the discretion of the GACC.
9. Participants are required to inform the GACC of their current US mailing address and update this information should it change during the time they are in the US.
10. All participants must apply for a Social Security Number if they receive a stipend in the US. They should wait approximately one week after entering the US and 48 hours after submitting the "Check-In" form before applying.
11. The GACC is the legal sponsor for all participants in the J-1 visa program. All participants must agree to consult directly with the GACC before changing any aspect of their program participation.
12. Participants must follow all instructions from the GACC before and during their stay in the US and comply with all applicable laws, regulations and/or instructions of appropriate government agencies in the US.

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13. Participants are solely responsible for any penalty resulting from their conduct illegal or otherwise that harms another or damages property while participating in the GACC's program.
14. Should the participant choose to end the program earlier than planned, he/she must inform the GACC in writing, stating valid reasons and return the DS-2019 to the GACC after arrival in home-country. Participant must exit the U.S. within 30 days of program conclusion.
15. Participants are responsible for all debts and expenses incurred during their stay in the US. Participants must agree to pay all outstanding debts before leaving the US.
16. Participants may not under any circumstance hold a second job outside of their activity at the host company listed on their DS-2019. Failure to comply will result in the participant's immediate withdrawal from the GACC's program.
17. Participants must inform the GACC prior to any trips outside the US with the exception of Mexico and Canada. Participants must receive a travel validation on their original DS-2019 prior to any initial trips outside the US.
18. Travel outside the US may not exceed 2 weeks during the exchange visitor program period.
19. Participants must complete a midterm and final evaluation for any program over three months in length. For any program up to 3 months in length, participants must complete a final evaluation. Evaluations should be discussed with participant's supervisor and signed prior to being returned to the GACC.
20. Both participants and dependents must secure appropriate health insurance. Insurance must meet certain requirements. Please read the most current guidelines on our website www.go-j1.com. The coverage must cover the entire duration of stay including the 30 day grace period. Insurance policies must be submitted for GACC's review prior to the issuance of the J-1 visa and J-2 dependent visa.
21. Participants agree to return home upon completion of their program and not to attempt to remain in the US to pursue employment.
22. The GACC is not responsible for expenses incurred by participant not beginning by the agreed date due to weather, illness, or any other situation/condition either at his/her host company or occurring to the participant directly.
23. Participants are required to inform their host company and seek a solution if they are experiencing problems or difficulties related to their exchange visitor program before contacting the GACC.
24. Participants may not transfer to another host company without prior approval of the GACC.
25. Host companies are not required to continue a program which is not satisfactory to either supervisor or participant. The GACC must be informed in writing about the early ending of a program. The program will be ended, and participants are expected to return to their home country immediately after their last day with the host company.

Section III: Responsibility of the GACC to the Host Company and Participant

1. Once the DS-2019 has been issued only **50%** of the visa fee will be refunded if a participant withdraws from the program. Priority processing fees will not be refunded. If the participant has received the J-1 visa, no refunds will be given. Once the visa application is submitted, but the DS-2019 has not yet been issued by the GACC, the visa fee (and the priority processing fee) will be refunded minus a \$200 administrative fee.
2. The GACC will assure that participants are covered by adequate health and accident insurance within the DoS guidelines. All appropriate measures have been taken to ensure that participants without preexisting conditions and not engaged in extreme or dangerous sports are covered. Policy descriptions are detailed on the GACC website. Participants must be covered by insurance from date of departure through 30 days after the end date on their DS-2019. The GACC cannot assist participants with insurance claims issues and does not have access to participant's medical records. Every attempt should be made to contact the insurance company directly before contacting the GACC. The GACC cannot be held liable for any unresolved claims or coverage issues.
3. The GACC provides a contact number, 212-974-8839, in case of an emergency situation. Calls will be returned as soon as possible. In the case of medical or police related emergency, please contact 911 first.
4. The GACC cannot speak for third party services or organizations it recommends to its participants nor make any guarantees about their services and fees. Use of such organizations is strictly at the discretion of the participant.

Initials here

I certify with my initials and signature on page four that the information I have included as part of this application is truthful in its entirety. I have read and understood all the information given to me by the GACC. I agree to abide by all U.S. Department of State regulations and rules set forth by the German American Chamber of Commerce. I understand my failure to comply will result the termination of my program. Further I understand my responsibilities to my host company and to the GACC as well as their responsibilities as they relate to my program. Should I encounter problems or have any concerns while I am in the U.S., I will contact the GACC for guidance.

Participant's Signature

Date (mm/dd/yyyy)