



# CCI Work and Travel Program Code of Conduct

### 1. PLACEMENT:

- I am expected to remain at the place of employment that CCI verifies and approves, throughout the entire duration of my program, as listed on my DS2019 form. If I am experiencing any problems with my job, I agree to contact CCI for permission to change jobs, prior to quitting
- I understand that job placements with any companies that are not approved by CCI, are not acceptable. To work for such a company, while on CCI sponsorship, is grounds for visa sponsorship termination.
- I understand that CCI does not accept jobs arranged by 3<sup>rd</sup> parties, pedicab jobs, nor any jobs outlined on the DOS website:  
<http://exchanges.state.gov/ixchanges/programs/swt.html>
- If I elect to quit my job, without prior consent from CCI, in writing, I understand that my CCI visa sponsorship may be terminated.
- An acceptance of a job offer on the CCI Job Board, either via my own login or my sending agent's login on my behalf, indicates my acceptance to the terms and conditions of the Job Board and the job offer itself.
- Job positions are not guaranteed. If I have misrepresented any statement in the application, there is an extremely high likelihood the position will not be available to me.
- Due to unforeseeable circumstances, the job offer provided by CCI is subject to change. In the case of placement changes or job offer alterations, CCI will provide full support and assistance, when possible. I understand that my hours of work, duties and responsibilities may vary during the period of my employment. I understand that events outside of CCI's control can seriously delay, disrupt, interrupt or cause the cancellation of my program. I agree to assume all risks and losses (including financial) which result from any such occurrence.
- I agree to accept the final judgment of CCI for job assignments.
- I understand that if I am fired from my job, I am subject to having my visa sponsorship revoked by CCI.
- I understand that if I am an SP applicant, I am required to do research and run a background check on my prospective employer PRIOR to submitting a Self-Arranged Job Offer (SAJO) to CCI. I understand that SAJOs are due to CCI 28 days before the DS start date, or my program will be at risk of cancellation. I understand that I am required to check with my sending agency on the status of the valid SAJO with CCI, well before the 28 day SAJO deadline.

### 2. HOUSING:

- I am responsible for my own housing fees, meals, spending money, airfare, airport transfers and transportation to and from work.
- Any contract or agreement regarding housing or terms and conditions of employment reached by the participant is not the responsibility of CCI. Students should contact CCI prior to signing contracts, when in doubt.
- I understand that costs may vary from what is on the job offer and that a separate contract, just for housing and/or transportation, may be required of me.

### 3. MONEY:

- I am responsible for any fees incurred by the U.S. Department of State, or the SEVIS system, in regards to my program.
- I agree that I will use my employer's telephone only with a phone card. I must ask permission to use the phone, even when using a phone card.
- I agree to reimburse all outstanding debts incurred while on the program. Any medical bills will be paid and sent to the insurance company with my claim for reimbursement before I depart the United States.
- I understand that I am required to, and do, have access to \$1000 when I arrive to the U.S., to help me live and in case of an emergency for the first few weeks that I am not regularly receiving income from my job.
- I authorize CCI to access any funds that I may have to be applied towards payment of any uninsured medical attention that I may have incurred.

### 4. PROBLEM SOLVING:

- I must contact CCI if I need any assistance.
- I agree to accept the final judgment of CCI for decisions made by CCI in regards to my program.
- When I am in the U.S., if I have any questions or concerns about my job or program, I will contact CCI before contacting my sending partner or family.

### 5. ACCLIMATING:

- I understand that there will be major differences between the lifestyle of my native country and the U.S.
- I understand that I must obey all national, state, and local laws at all times, as well as the rules of CCI, the employer and the host community. The breaking of any law or rule can result in dismissal from the program.
- I may smoke, but only in accordance with the laws of my workplace and housing. Participants under the age of 21 are not allowed to drink alcoholic beverages.

### 6. SEVIS:

- If my visa sponsorship is terminated, I will return to my home country immediately.
- If I am fired from my job, I agree to contact CCI immediately, at the time that I am fired from my job.
- I understand that CCI must know how to contact me at any time, throughout the program duration as indicated on my DS-2019 form, including having an individual, valid email address.
- I understand I must report the complete addresses of where I am working and living in the U.S. to CCI's online system within 7 days of my DS- 2019 start date.

### 7. MISCELLANEOUS:

- I understand that CCI is the sponsor of my J-1 Work and Travel visa.
- As a student sponsored by CCI, I understand that it is my responsibility to be aware of all rules and regulations in association with this visa, including my obligation to notify CCI whenever I move housing or jobs. All notification of these changes must be in writing, complete and comprehensible to CCI. Ignorance of these rules will not excuse me from the consequences if I fail to follow CCI's rules.
- I am responsible for my own insurance if I decide to drive any motor vehicle, or if health insurance is not included in my program. I authorize CCI to access my medical information, should I be hospitalized for any reason.
- I understand that I must have insurance coverage the entire time I am in the U.S. I know that I can purchase additional insurance from CCI for my travel period.
- I will not drive after consuming any alcoholic beverages or get in the car with someone that has been drinking.
- I must arrive to the U.S. with a valid passport, visa and a roundtrip ticket to return to my native country at the end of the program.
- CCI will not take responsibility in aiding a change in visa, and will not take responsibility for participants who remain in the U.S. after the close of the program.
- It is the obligation of CCI to report any activities that are interpreted as being in defiance of visa or program regulations to the United States Departments of State and Homeland Security.
- I may remain in the U.S. up to 30 days beyond my DS program end date, as long as I return to my home country in time for classes or am compliant with the U.S. embassy date restrictions in my native country.
- I understand that I am responsible for all information provided at the time of orientation. All necessary information and procedures are discussed at length in the mandatory Student Virtual Orientation and pre-departure orientations, which I agree to complete **prior to U.S. arrival**
- I agree to check my CCI account weekly, throughout my program duration, for important updates from CCI.
- Participants placed with a CCI Greenheart Employer may be required to participate in a Greenheart Activity.
- I authorize CENTER FOR CULTURAL INTERCHANGE, its representatives, and its affiliates the irrevocable use of any photographs accompanying this application or any photographs/video taken while participating on a CENTER FOR CULTURAL INTERCHANGE program for promotion or publicity. I understand that I will not receive compensation for the use of my photograph(s)/video(s). I agree that CENTER FOR CULTURAL INTERCHANGE may use such photographs/videos of me with or without my name and for any lawful purpose, including, but not limited to such purposes as brochures, advertising, and website content.

### 8. MEDICAL AGREEMENT:

I, the undersigned, authorize CCI and its representatives, to consent to any X-ray examinations, anesthesia, medical, or surgical diagnosis rendered under the general supervision of medical staff and emergency room staff, licensed under the provision of the Medicine Practice Act, or a dentist, licensed under the provisions of the Dental Practice Act. This authorization is given to provide authority and power on the part of our aforesaid agents to give consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, dentist, or surgeon in the exercise of his/ her best judgment, may deem advisable.

### 9. LIABILITY RELEASE AGREEMENT:

As a participant of the CCI program, I understand the limitations CCI faces in dealing with outside companies such as airlines, hotels, restaurants, shipping companies, Social Security Administration, etc. I will not hold CCI responsible for any delays, sickness, accidents and other such circumstances arising from the use of these companies and renounce any claims against CCI and its representatives that may arise from circumstances outside of CCI's direct control. I agree to accept the final judgment of CCI for job assignments and decisions made by CCI in regards to my program.

**RECOGNITION OF AGREEMENT:** By submitting this form as part of my application, I confirm that I have read and agree to abide by the conditions above. There is no reason (pre-existing health condition, emotional, or behavioral problems, etc.) why I should not be able to participate in the program. I confirm that I have not been convicted of any felony, and that falsifying or withholding of any information on the application could result in program dismissal. I agree to print this form and sign it in front of my sending organization.

Signature of Participant:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
Participant Name Printed:	<input style="width: 95%;" type="text"/>		