



Employer Job Offer

AIPT Camp Counselor® is a J-1 Visa program that allows foreign nationals who are bona fide youth workers, students, teachers or individuals with specialized skills to serve as counselors in U.S. summer camps. The program correlates to the U.S. summer only.

AIPT accepts Job Offers from U.S.-based employers. These positions are advertised abroad through partnering organizations and AIPT arranges Global Placement Tours where participants are interviewed in person.

In this Job Offer, U.S. camps must provide basic information about their summer program and job offers and should also attach detailed job descriptions. Any additional information, including job benefits or discounts, should also be submitted on company letterhead. Additionally, if a contract will be signed by the employer and student, a copy of the contract should also be included.

AIPT provides several benefits to participants, therefore negating the need for employer assistance in those areas. Health insurance is provided for the participant for the duration of the exchange program and the fees are built into the program fee. This insurance plan does not include dental or vision coverage; however, employers are welcome to supplement the provided plan. Additionally, employers are not required to pay FICA or FUTA as J-1 visa holders are not eligible for Social Security or unemployment benefits.

In order to submit a Job offer, please remember to include the following:

- Job Offer Form with signed obligations and responsibilities page
- Job descriptions, benefits and discounts, and employment contract (if applicable)
- Information on how you will assist students in locating suitable housing

Please submit the Job Offer Form by email to campcounselor@aipt.org or fax to 410.997.7813. Please contact AIPT if you have any questions about this Job Offer Form.



Employer Job Offer

Host Employer Profile

Organization/Company Name

Location (*city, state*)

Date of Application

Number of Employees at Training/Camp Site

Web Site

Worksite Information

Campsite Name

Worksite Address

Suite or Floor

City

State

Telephone

Fax

Postal Code

Company Representative (responsible for completing application)

Same as applicant contact.

First Name

Last Name

Title

Street Address

Contact information and address if different from training site location:

City

State

Postal Code

Telephone

Fax

E-mail

Direct Supervisor of Program

First Name

Last Name

Title

Supervisor's Location Street Address

City

State

Postal Code

Telephone

Fax

Supervisor's E-mail

Program Details

Position Title	Number of Positions
Desired Duration of Program (<i>maximum of 4 months</i>)	
Proposed Start Date (<i>month/day/year</i>)	Proposed End Date (<i>month/day/year</i>)
Nearest Airport	
Please provide description of job responsibilities:	

- Will a contract or agreement be signed between the host organization and the exchange visitor participant? (*If so, attach a copy of the document signed by both parties.*) Yes No
- Will the participant be subject to a medical exam upon arrival? Yes No
- Will the participant be subject to drug testing? Yes No
- Is successful completion of medical exam required for training to begin? Yes No
- Will an orientation be required? Yes No
- How did AIPT's program come to the attention of your organization?

<input type="checkbox"/> I am a previous host employer with AIPT.	<input type="checkbox"/> Conference: _____
<input type="checkbox"/> Participant	<input type="checkbox"/> Friend _____
<input type="checkbox"/> AIPT Exchange Explorer	<input type="checkbox"/> AIPT Web site _____
<input type="checkbox"/> Attorney: _____	<input type="checkbox"/> Other Web site: _____
<input type="checkbox"/> Advertisement: _____	<input type="checkbox"/> Other: _____

Financial Arrangements

\$ per hour week month

Hours Worked Per Week

Maintenance Wages (salary)

- Participant will be paid: weekly biweekly monthly other (please explain): _____
- Overtime—If applicable, estimated number of overtime hours: _____ hours per week.
-

Overtime rate of: \$ _____ per hour

At least the prevailing minimum wage as determined by the U.S. Department of Labor must be paid to the participant by the employer and wages must be commensurate with US counterparts. Payment in kind (housing, meals, etc.) may be used to supplement the prevailing minimum wage, but may not be used in lieu of the minimum wage.

PLEASE answer all questions. Blank responses will cause delay in processing.

- Please state any other benefit(s) that the host organization will provide at no cost to the participant (such as use of an organization-owned vehicle, housing, tools, uniforms, etc.) and list the estimated monthly value of each:

How much financial support do students need to have access to initially in order to set up their living arrangements?

Personal Expenses

(Gives the participant an idea of the costs and conditions of living in the U.S.)

- Transportation available for the participant's commute to place of employment:
 - Employer provided (company car or shuttle bus) Public (bus, subway, rail, ferry)
 - Walk Other: _____
- Estimated monthly transportation expenses: _____
- Estimated monthly housing expenses: _____ /month
- Please describe the housing assistance the employer will provide:

PLEASE answer all questions. Blank responses will cause delay in processing.

Additional Services

Would you like AIPT to recruit for your other summer staffing needs? Yes No

Would you like to receive e-news updates on governmental J-1 visa policies from AIPT? Yes

If yes, please provide your e-mail: _____

Organizational Advancement

AIPT is a nonprofit 501(c)(3) organization. Its operational costs are not entirely covered by fees. If you are interested in supporting AIPT's purpose to enhance global competencies and increase mutual understanding, please consider supporting AIPT today. You may include a check payable to AIPT Organizational Advancement with your application. Donations to AIPT are tax-deductible as charitable contributions. Thank you for your support.

Please check a box to indicate your contribution level:

\$1,000 \$500 \$250 \$100 other: _____

Program Terms and Conditions

(AIPT Camp Counselor is a program of AIPT. In order for AIPT to approve for a participant to work at your organization under AIPT sponsorship, you must accept the responsibilities and obligations listed below. Your signature means that you understand and agree to the conditions as stated. This is considered a binding agreement between AIPT and your organization.)

HOST EMPLOYER OBLIGATIONS AND RESPONSIBILITIES

Read and initial or check the statements below to indicate acceptance and agreement. Please also sign the application before sending to AIPT.

I agree to the following conditions:

- I affirm that the *Employer Job Offer* truly reflects the content of the work experience being extended to the applicant.
- I affirm that I intend to fill these job offers through AIPT.
- I affirm that this camp is accredited through the American Camps Association (ACA).
- I understand that the Association for International Practical Training (AIPT) is the applicant's sponsor and not the company/firm/organization I represent.
- All changes that affect the applicant are to be submitted to AIPT in advance for approval. I agree to communicate immediately by phone and then by written correspondence any circumstances that differ in any way from this Employer Job Offer submitted to AIPT
- If a participant leaves employment for any reason, I will inform AIPT immediately.
- To the best of my knowledge, the applicant intends to enter the United States for the purpose of work experience and does not intend to abandon his/her non-immigrant status. Therefore, I will not encourage nor render any assistance, including helping an applicant change visa categories, which would keep an applicant in the United States beyond the end date shown on the Certificate Of Eligibility, the document governing the applicant's admission and stay in the United States. I further understand that four months is the maximum time allowed for work experience.
- I agree to respond to any requests by AIPT concerning my company's application in a timely manner and complete and follow through on any paperwork required by AIPT.
- I understand that AIPT has the right to withdraw sponsorship from any applicant whose employer does not comply with AIPT's program, compelling that applicant to leave the country, and to deny all future applications from that employer.
- The Parties [persons or entities named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. I affirm that I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision. [Read the entire arbitration agreement on our Web site at <http://www.aipt.org/Programs/legal-and-evaluation/Arbitration-Agreement.html> or request a copy be sent to you by contacting us at 410.997.2200.]

I understand and agree to the conditions above as set forth in this Host Employer Application. I realize that if I do not fulfill my obligations and responsibilities as stated, AIPT will end its sponsorship of my organization's exchange visitor program participant(s).

Signature: _____ Date: _____
(Signature required for processing.)

Full Name (please print): _____

Title: _____ Company/Camp Name: _____

Tel: _____ E-mail: _____

If you have any questions about the above-stated program conditions or other program details, it is important you contact AIPT.

Please submit this completed and signed form to AIPT:

10400 Little Patuxent Parkway, Suite 250
 Columbia, MD 21044-3519 USA

Fax: 410.997.7813 or 5186
 Email: aipt@aipt.org