



2010 Life Adventures Exchange Visitor Employer Agreement

Participant's Name: _____

Company Name: _____ Company EIN: _____

Address: _____

Contact Phone: _____

Contact Email: _____

Contact Fax: _____

Brief Job Description: _____

Expected Number of hours per week: _____

Salary: _____ per hour week

By completing this Agreement, _____ agrees to:

1. Inform Life Adventures should there be any change in Participants job descriptions and/or work location.
2. Inform Life Adventures should Participant not show for work without cause and/or reason.
3. Help Participant in getting involved in cross cultural activities as available.
4. Enjoy a wonderful exchange visitor in your company!

Signed: _____ Date: _____

Print Name: _____

(Please fax completed form to Life Adventures at (267) 295-7831)