SUMMER WORK TRAVEL PROGRAM - OFFER LETTER

	Date:
I hereby certify that	(participant's full name) has been offered a full
time position as a Summer Work Travel par	
	k in the United States. The position that is offered is a
(position title).	The Program will begin from (start date:
	participant will be compensated at an hourly rate of
\$ (\$xx.xx) paid (weekly	
Host Company:	
By issuing this offer a Host Organization agrees t	to provide the participant a position as described in this
Offer Letter and will follow the program regulations	s set forth by the U.S. Department of State (22 CFR 62).
(Signature of Host Organization's Representative)	
Host Organization's Representative's Name	e (First and Last):
Position Title/Function:	
Name of Host Organization:	
Host Organization's Address:	
Phone Number:	
E-mail Address:	
Participant:	
By accepting this offer, the participant agrees to	complete the Summer Work Travel Program with the
Host Organization stated in this Offer Letter and	d to abide by the J-1 Program regulations, company
policies, and all applicable laws. The participa	ant also understands that if s/he leaves the Host
Organization without any authorization from ICCE	E, the Participant will be required to return to his/her
home country immediately.	
Confirmation by the Participant:	
I hereby fully understand and agree to the terms and	(Participant's Signature)
conditions of the offered position, and I accept the offer.	Participant's Name:

Job Information:

Address of Site of Activity (where participant will perform the job):		
Job Description:		
Are the start dates flexible?	Tips available?	
Expected hours per week:	Guaranteed hours per week (minimum 32 hours):	
Are the wages offered to the participant the same compensation received by U.S. citizens/residents in the same position?	Frequency of paychecks:	
Is uniform provided?	Is uniform required?	

Housing/Other Information:

Will you provide housing?		Housing cost: (if applicable)			
Type of housing (if applicable):		Deposit required (if applicable):			
Housing address (if	Address, Street number:				
applicable):	City:	State:	Zip Code:		
Distance from Site of Activity to the housing location (if applicable):		Is a meal plan offered?			
Is transportation from housing to work and back provided?		If transportation is provided, at what cost to the participant?			
If transportation is not provided, is there any public transportation conveniently located near your facility (near the participant's Site of Activity)?					

I hereby confirm the above position details, housing and transportation arrangements.

(Signature of Host Organization's Representative)

Host Organization's Representative's Name (First and Last):