

**HOST ORGANIZATION AGREEMENT-Third Party Global Career Exchange, Inc. Summer Work/Travel Program; Scan and email to: [calvert@globalcareerexchange.com](mailto:calvert@globalcareerexchange.com) or fax 843 379 9154**

- ✓ I understand that GCE, Inc (sponsor) may withdraw sponsorship of any participant if the host organization or participant deviates from the agreement.
- ✓ I certify that the host organization will follow all applicable federal, state, local occupational safety, health and employment laws and will follow their normal hiring procedures.
- ✓ I understand that GCE, Inc., not the host organization is the sponsor and will allow visits to the host organization site.
- ✓ I agree to notify sponsor immediately if participant leaves employment, is injured, or is involved in criminal action or an emergency and will respond to requests from sponsor immediately.
- ✓ I certify that the participants are informed of Federal Minimum Wage requirements and receive pay and benefits commensurate with those offered to their American counterparts.
- ✓ I will place the students in jobs where there is regular interaction with Americans.
- ✓ I agree to assist participants in securing housing.
- ✓ I understand that the participant will secure prepaid health insurance through GCE Inc. prior to arrival.
- ✓ I have provided GCE, Inc and participant with an offer letter detailing the position, wages, terms and conditions and will communicate any changes in the job duties or terms or housing to GCE, Inc. via phone and email.
- ✓ I understand the maximum length of summer work travel is 4 months and will not assist or encourage the exchange visitor with a change of visa status that would extend their stay beyond the dates of the DS2019.
- ✓ I agree only to arbitration to settle any and all disputes associated with this agreement, with exclusive venue in Beaufort, S.C.
- ✓ **I will notify sponsor in writing when the participant arrives (reports) to the property.**
- ✓ **I will notify the sponsor in writing of the orientation dates.**
- ✓ **I will notify the sponsor if the terms and conditions of the job listed in the DS 7007 change.**
- ✓ **I understand this is a cultural exchange and will assist the participant to engage cultural activities and will provide the sponsor with a list of activities and dates .**
- ✓ I will provide a current workers compensation certificate with this application and attest that the Employer Identification Number provided is that of your company.
- ✓ I have signed the DS 7007 standard Job Offer.

Name of Business:

Address:

Phone:

Fax:

Website

Employer Identification # \_\_\_\_\_

Workers Compensation Policy # & Company Name: \_\_\_\_\_

Name of Company Contact: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

- ✓ I agree to the terms above and certify that this Employer Identification Number and Workers Compensation provided is correct.

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