

J-1 Training/Internship and Cultural Exchange Program Agreement

Participant Information	
AHA ID Number	34698
Participant Email	katherine.Fernandez@gmail.com
Surname	Fernandez Salinas
Given Name	Katherine Ivana
Host Property/Training Details	
Host Property	Four Seasons
Position	Food and Beverage Operations
Program Start Date	10/05/2018
End Date	10/01/2019
Emergency Contact Details	
Emergency Contact Name:	Ivan Fernandez
Relationship to Participant	Parent
Email	ivan.fernandez@gmail.com
2nd Email Address	ifernandez@telefonica.com.pe
Phone Number with Country Code	+51 987 413 133
Trainee/Intern Agreement and Acceptance	

Congratulations! We are extremely excited for you to begin your J-1 experience. We want to make certain of clear expectations, please review the following carefully, check and sign.

My signature indicates I confirm I have read, understood and agree to all the terms and conditions outlined in the attached AHA Agreement (6 pages). *I have received program information and materials that clearly explained program activities and terms, conditions and restrictions of the program via AHA's website, handbook, host property information sheet, training plan, orientation, AHA World Campus Library and this agreement. I received terms and conditions of employment activities to include job duties, number of work hours, wages and compensation, and any typical deductions for housing and transportation via the host property information sheet and signed training plan. Cultural exchange components are provided via host property information, world campus and ongoing AHA outreach.*

To further support this agreement, the purpose, rules and regulations of the J-1 program, I have been enrolled in and completed orientation and have access to the valuable resources and supporting documents located in the World Campus library.

In addition to this agreement and as part of orientation, I received, reviewed and agree to adhere to the policies and procedures outlined in the J-1 Program Handbook. This includes but not limited to: Appearance standards; Drug Testing, I understand if I fail a pre-employment drug test, my program will be terminated and I will be required to return home; I have read and agree to adhere to the Change of Host property, I understand that changing a host employer is only permitted in rare and extreme cases. I understand my training hours may fluctuate and I will contact AHA if my average falls below 32 hours on a consistent basis.

I understand my training wages may not cover all of my expenses and I agree I will bring additional personal funds. I confirm I have the financial means to support myself and purchase a return flight ticket to my home country.

I confirm all program fees have been fully disclosed to me via the attached fee disclosure and no other fees have been charged to me. I fully agree with these fees.

Check this box to enroll in the Pay as You Earn Program. I agree in lieu of paying my program fees 100% in full, I will pay AHA \$100 per month via credit card or debit card and understand failure to pay as agreed will result in AHA ending J-1 visa sponsorship.

Participant Signature  Date 08/25/2018

J-1 Program Fee Transparency Disclosure

Global Partner/Agent Name: Oscar Guido - Dargui Country Peru Currency: Dollars

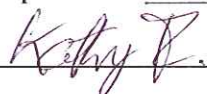
This form describes the fees the applicant should expect to pay to participate in AHA's J-1 Program in the USA in cooperation with the Global Partner/Agent.

Fee Description	Amount	What it Includes
<i>Fees Associated with Program</i>	40	English interview
Program Fee	3700	Sponsor and Global Partner Program Services and Support Fee
<i>Paid In Full</i>	X Yes NO	Circle One
		<i>Participant to Initial or Sign the following statement:</i>
		<i>I selected to pay only a portion of the program fees upfront and agree to pay the remaining balance while in the USA participating in my program. I understand the fee is \$100 per month and must be paid to AHA directly via credit card, debit card or Pay Pal. Failure to adhere to this agreement will result in my program being canceled.</i>
<i>Pay As You Earn</i>	Yes NO	Participant Acknowledgement: _____
Insurance	0	If included in the program fee enter \$0.0
Embassy Fee	160	If included in the program fee enter \$0.0
SEVIS	180	If included in the program fee enter \$0.0
Airfare to USA	700	Estimated
Other (must enter description)		
Other (must enter description)		
TOTAL	4780	
<i>Fees Associated with Host Organization</i>		
Housing and Transportation	Based on location	Outlined and disclosed on the Host Property Information Sheet
Personal Spending	\$1000/\$1500 USD	Use budget section to ensure you have enough money upon arrival in the USA to cover additional costs such as domestic transportation in the USA, daily transportation, housing costs, meals and spending money.

My signature below indicates:

- ✓ *I received and agreed to the above itemized list of all fees charged and no other fees have been charged to me.*
- ✓ *I have received program information and materials that clearly explained program activities and terms, conditions and restrictions of the program via AHA's website, handbook, host property information sheet, training plan and/or J-1 placement, orientation, AHA World Campus and agreement.*
- ✓ *I received terms and conditions of employment activities to include job duties, number of work hours, wages and compensation, and any typical deductions for housing and transportation via the host property information sheet, signed training plan and/or job J-1 placement offer.*
- ✓ *I received the type, duration, nature and importance of the cultural components of the program via the host property information sheet, AHA's World Campus and Training Plan and/or J-1 placement offer.*
- ✓ *I fully understand that my wages may not cover all of my expenses and I will bring additional funds.*

Print Participant Name: Katherine Ivana Fernandez Salinas

Signature:  Date: 08/22/2018