

2021 Placement Season

Camp Exchange USA

Welcome to Camp Exchange USA

Program Orientation





What We Will Cover Today

- ✓ Program information
- ✓ COVID-19 reality
- ✓ Getting ready for camp
- ✓ Arriving to camp
- ✓ Traveling after camp

A black and white photograph of a middle-aged man with receding hair, wearing a suit and tie. He is holding a pair of glasses in his right hand, with the frames resting on his lower lip. He has a thoughtful expression. The background is slightly blurred, showing what appears to be a microphone or some equipment.

1961

“Increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges”

-Fulbright -Hays Act

BridgeUSA Program & J-1 VISA



- ✓ Work-based cultural exchange visa program regulated by the U.S. Department of State
 - You are allowed to work **only** at the summer camp where you are placed during the dates listed on your placement agreement and DS-2019 form.
 - You can **only** work as a camp counselor
 - You may not get another job
 - You have up to 30 days to travel

- ✓ Department of State J-1 Visa Emergency Helpline:
 - 1-866-283-9090
 - jvisas@state.gov

CIEE is Your Visa Sponsor

1-888-COUNCIL

1-888-268-6245

- Offer insurance support
- Assist with emergencies 24 hours a day
- Answer any questions about your visa, travel, etc.



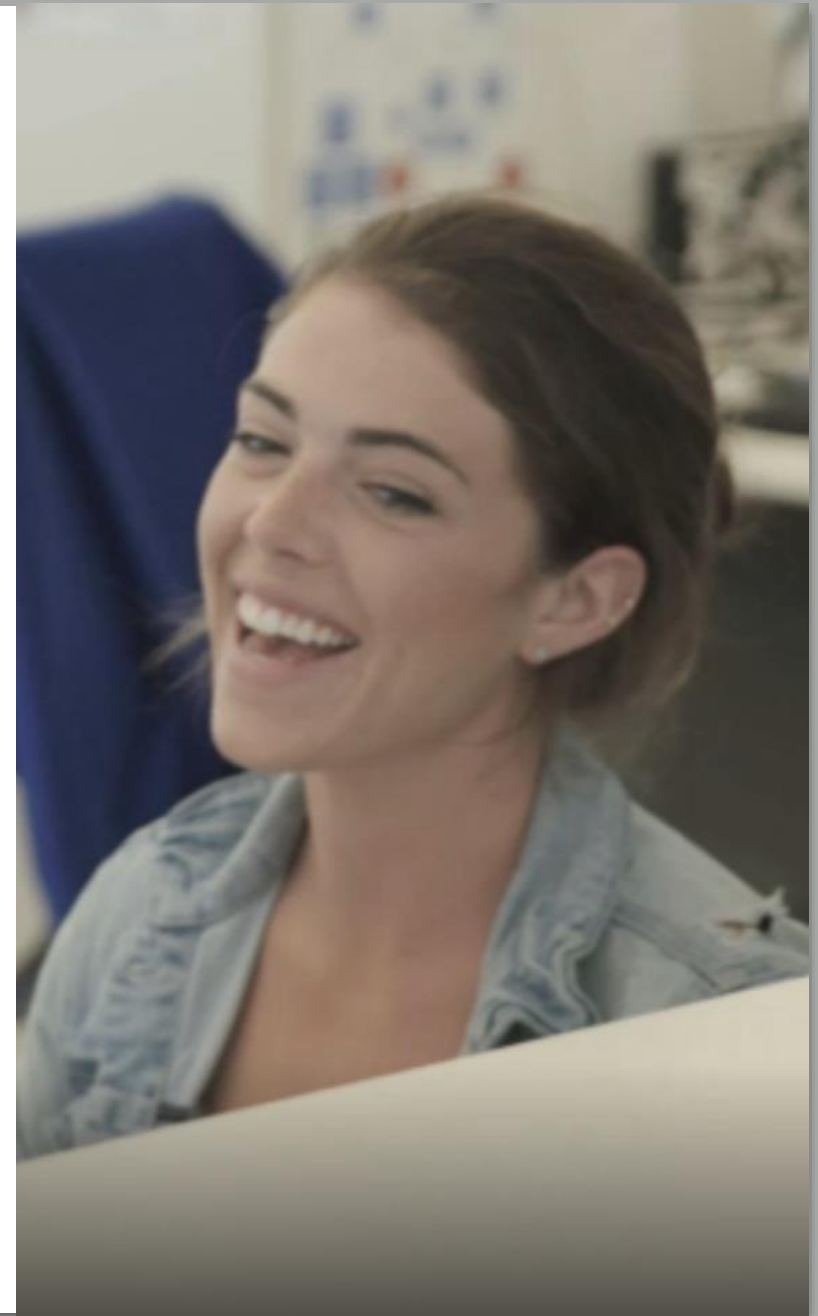
@ciece_camp



@campexchangeusa

#CIEECAMP

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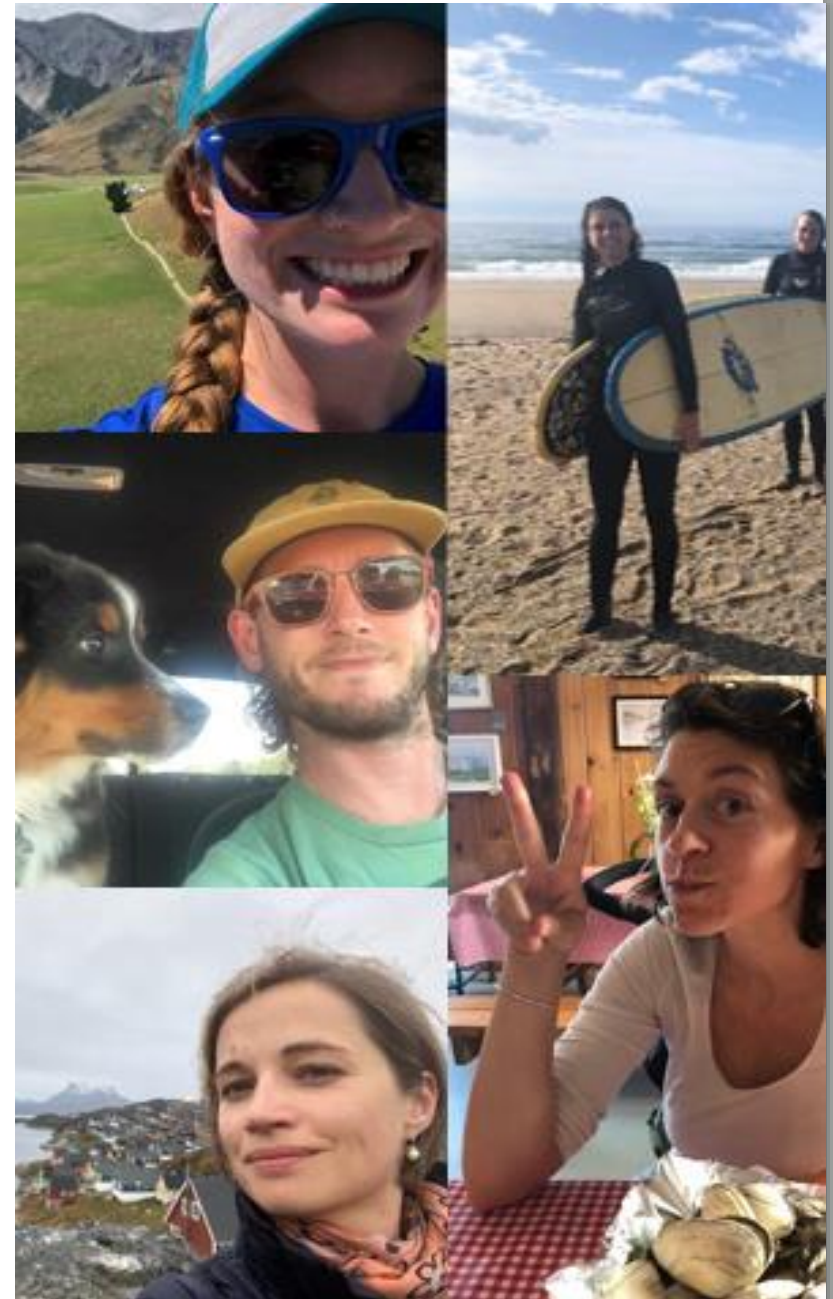


WHEN TO CALL CIEE

- ✓ If a you are injured either on the job or off
- ✓ Employment Issues
- ✓ Housing issues
- ✓ Emergencies

We are here to help you
1-888-268-6245
Mon-Fri 10 am - 6 pm EST

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COVID-19 & Program Reality



- ✓ Follow your camp COVID-19 protocol
- ✓ Quarantine
- ✓ COVID-19 vaccination
- ✓ Wear your mask, wash your hands, social distance!



- ✓ If you test positive, call CIEE
- ✓ Insurance & COVID-19

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PREPARE



Important Documents



1. DS-2019 Form
2. SEVIS Fee receipt
3. Placement Agreement
4. Camp Contract
5. Confirmation of Insurance



1. Passport/J-1 Visa
2. I-94 Form
3. Cash/Traveler's Checks/Bank Card
4. Medical Forms/Proof of Immunization

DS-2019 FORM

- Double-check your information
- Know your start and end dates
- You are allowed to travel for 30 days beyond the end day listed on the form

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U.S. Department of State				OMB APPROVAL NO. 1420-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					
1. Family Name: Zen		First Name: Sam		Middle Name: 	
Date of Birth (mm-dd-yyyy): 01-01-1985		City of Birth: Berlin		Country of Birth: GERMANY	
Legal Permanent Residence Country Code: GM		Legal Permanent Residence Country: GERMANY		Position Code: 114	
U.S. Address: 1234 Main Street Alexandria, VA 22312		Position: CIVIL SERVICE EMPLOYEE IN CENTRAL GOVERNMENT			
2. Program Sponsor: Hotelier, Front Office Agent				Exchange Visitor Program Number: P-3-10264	
3. Form Covers Period: From (mm-dd-yyyy): 12-01-2002 To (mm-dd-yyyy): 12-31-2003					
4. Exchange Visitor Category: Hospitality Management Subject Field Code: 32.0108 Subject Field Code Description: Literacy and Communication Skills					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor Funds : \$177.00 DEPARTMENT OF EDUCATION : \$2,509.00 INTERNATIONAL MONETARY FUND : \$3,322.00 TOTAL : \$6,008.00					
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. Emily Green Name of Official Preparing Form: 3500 Branch Ave Atlanta, GA 20001 Address of Responsible Officer or Alternate Responsible Officer: Signature of Responsible Officer or Alternate Responsible Officer: Date (mm-dd-yyyy): 12-09-2002	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): Transfer of this exchange visitor from program number: to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.				Responsible Officer Title: 234-343-3533 Telephone Number: 12-09-2002 Date (mm-dd-yyyy):	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 101(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Minimum validation period is one year*)	
The Exchange Visitor is in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended (ALL USAID PARTICIPANTS (G-2424) AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4519 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT.) Name: Title: Signature of Consular or Immigration Officer: Date (mm-dd-yyyy):				*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travelers. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer: (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): Signature of Responsible Officer or Alternate Responsible Officer:	
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 101(a).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document. Signature of Applicant: Place: Date (mm-dd-yyyy):					

ARRIVAL

Check travel.state.gov for
current COVID-19 travel
requirements





You Made It To Camp

- ☺ Call your parents
- ☺ Store your documents in a safe place
- ☺ Follow your camp's quarantine or testing guidelines
- ☺ Wear your mask, wash your hands, social distance!
- ☺ Make a friend!

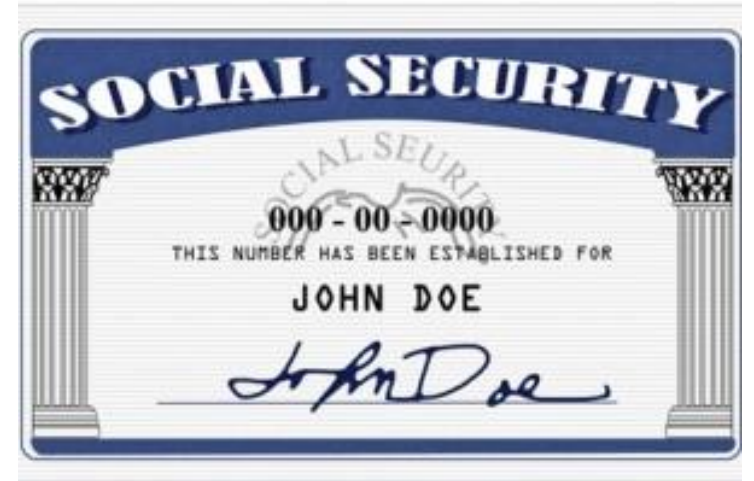
**Register for SEVIS in the first
5 days!**

1-888-COUNCIL

Apply for a Social Security Card

- ✓ All participants are required to apply for a Social Security Number
- ✓ Apply 5 days from registering in SEVIS
- ✓ To apply, you will need to bring:
 - Original DS-2019 form
 - Completed Social Security application
 - Placement Agreement Form/Camp Contract
 - Letter of Good Standing from CIEE

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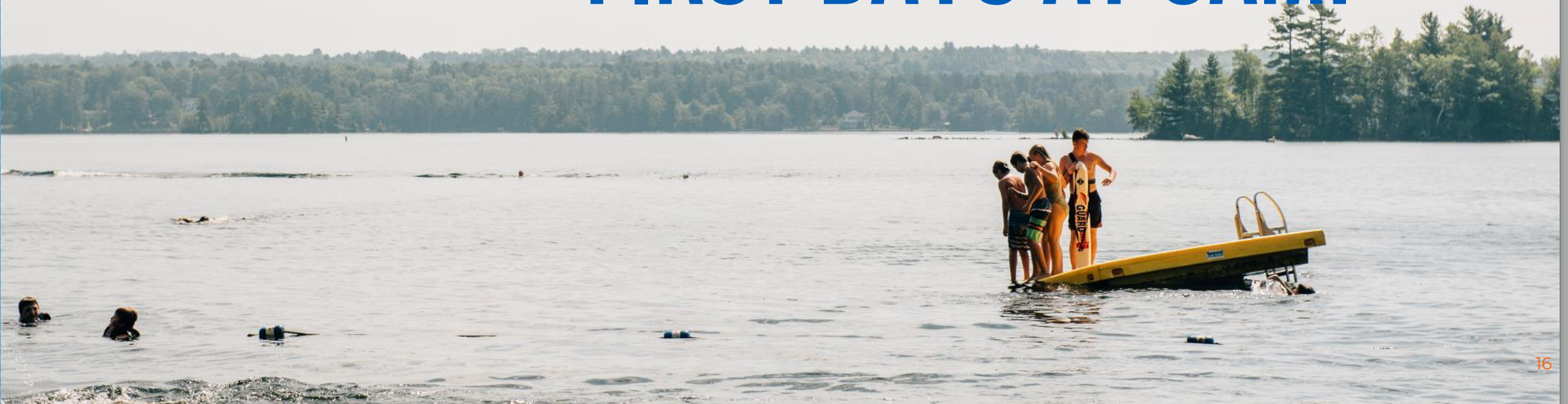
Pocket Money & Taxes

- ✓ Pocket money = your salary at camp
- ✓ Check with your camp about when and how you are paid
- ✓ Taxes should be deducted from your paycheck
 - ALL participants pay Federal Income Tax (generally 10%)
 - SOME participant pay State & Local Income Tax (different for each state)
 - ALL participants need to file a tax return at the end of the year

What do I do?

- ☐ Complete your W-4 form and submit to your camp
- ☐ Check that taxes are withheld from your paycheck
- ☐ Call CIEE with questions

FIRST DAYS AT CAMP



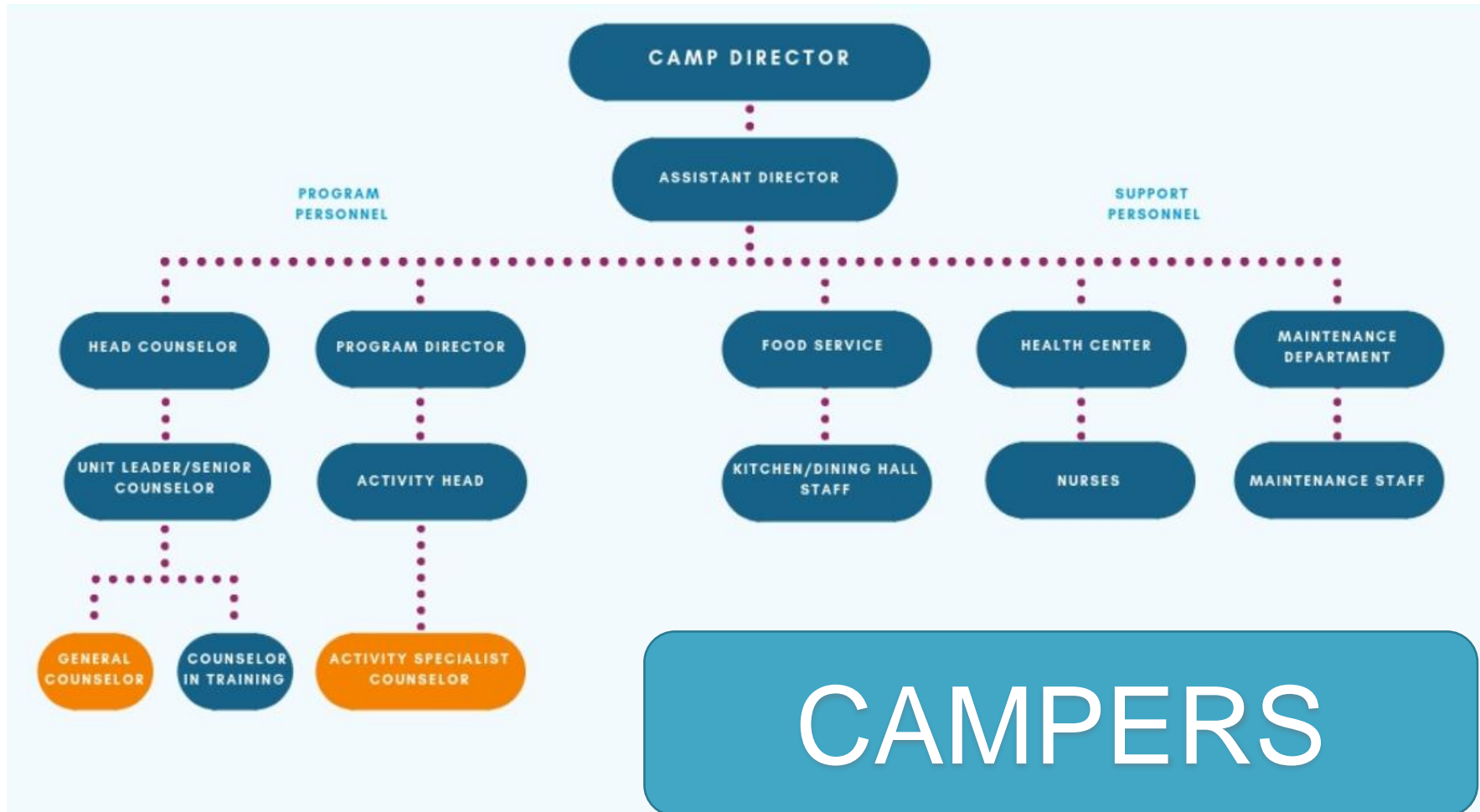
What to Expect?



- ✓ Rustic environment
- ✓ Busy schedule
- ✓ Bunk life is a 24/7 lifestyle
- ✓ Lots of wildlife

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Small Community



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Early Dismissal & Non-completion Fee

Follow Camp Rules

Rules are taken seriously at camp

Reasons for Early Dismissal

- Inappropriate behavior or language in front of campers
- Inappropriate behavior or language in front of counselors
- Drinking alcohol or smoking at camp
- Returning to camp drunk
- Poor work ethic
- Breaking camp curfew
- Any illegal activity on or off camp property

Early Departures

Regardless of the reason for early departure, CIEE is here to help you!

Whether you choose to leave early or are fired:

- CIEE will assist you in getting to the airport and getting home safely
- You will forfeit the remaining amount of your pocket money still owed to you
- You will be responsible to re-pay CIEE Non-Complete Fee prior to leaving camp. (\$15 for every day not worked on the contract)
- Your J-1 Camp Counselor visa is ended, and you will not be eligible for the 30-day travel period. You must depart the USA immediately.



CIEE Insurance



- ✓ Covers **sudden illnesses** and **emergencies** while you are in the United States, but does not cover routine medical procedures, annual examinations, or dental care.
- ✓ You are covered for **10 days prior** to your camp start date and **30 days after** your camp contract end date as listed on your DS form.

ACTION:

- Visit your doctor and dentist before you travel!
- Order any prescription medications you will need!

PARTICIPANT INSURANCE

- ✓ Participants will receive an Insurance ID card
- ✓ Find a doctor who is in the network using the [Aetna® Directory](#)
- ✓ Copays at In-Network Providers:
 - \$20-Urgent Care Facility
 - \$20-Per Medication
 - \$50-Doctor or Specialist
 - \$100-Emergency Room (ER) and Inpatient Hospitalization
- ✓ When an injury occurs on the job and is covered under your Workers Compensation Policy, still contact CIEE for next steps and assistance.
- ✓ [CIEE Healthcare](#) – General webpage for information on CIEE's insurance



Travel After Camp

- ✓ You have 30 days to travel anywhere in the U.S.
- ✓ Cannot leave and re-enter the USA during this time period
- ✓ Keep in mind COVID-19 recommendations and guidelines
- ✓ GO SEE THE USA!!!

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GET
READY
FOR THE
BEST
SUMMER
EVER!

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KEEP IN TOUCH!

1-888-COUNCIL
1-888-268-6245



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Have an amazing time!