



April 8, 2019

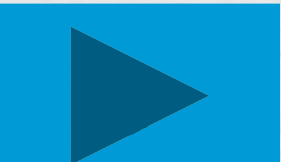
CAMP EXCHANGE USA

# WELCOME TO CAMP EXCHANGE USA!

## 2019 PROGRAM ORIENTATION



**GET READY FOR  
THE BEST  
SUMMER OF  
YOUR LIFE!**







**BEING A CAMP COUNSELOR  
MEANS BEING A ROLE MODEL**

**HARD WORK AND  
A LOT OF FUN!**

## What We'll Cover Today

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- Program information
- Getting ready for camp
- Arriving to camp
- Your role at camp
- Traveling after camp





# J-1 VISA



- Enter the U.S. on a work-based **cultural exchange visa**.
- CIEE – your J-1 Visa sponsor
- Department of State J-1 Visa Emergency Helpline

1-866-283-9090  
jvisas@state.gov

# What can I do on a J-1 visa?

- You are allowed to work **only** at the camp that CIEE places you with during the dates listed on your placement agreement form and DS-2019 Form.
- You can only work as a camp counselor.
- You may not get another job elsewhere after camp.
- Up to 30 days to travel.







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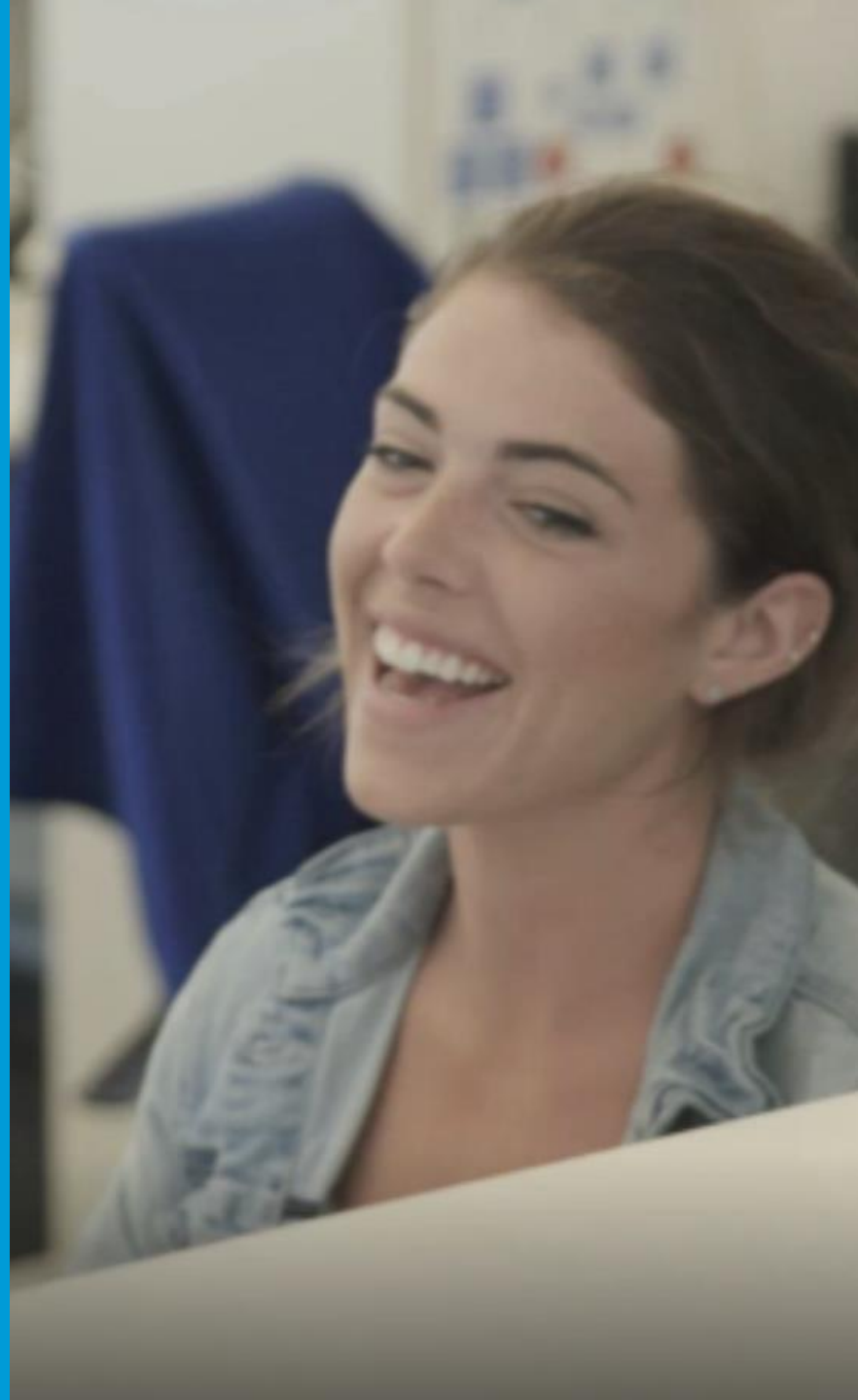
NO PARKING  
ANY TIME



# CIEE IS HERE TO HELP

**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.
- Talk about your experiences



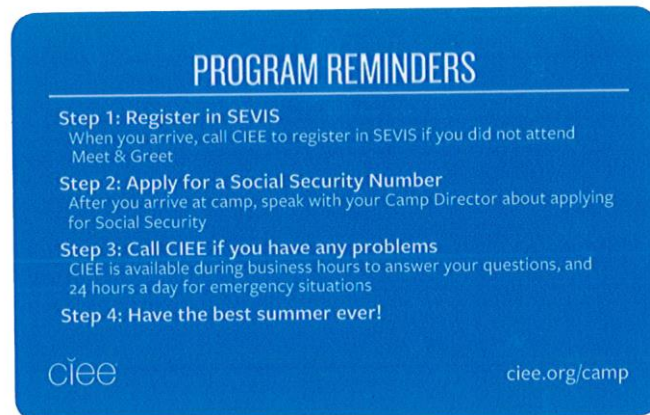


# CIEE Contact Card – 1.888.268.6425



**Program Information Card-** you will receive one from your agent

Be sure to carry this with you during your time in the United States should you have any questions or concerns





# #CIEECAMP



@ciece\_camp



@campexchangeusa

**We love your stories!**

**Tag us and enter to win a  
care package at camp!**



# PREPARE

# Preparing for Camp Exchange USA

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- Key Documents
- Your Visa
- Flights
- Insurance
- Pre-Departure Checklist



# IMPORTANT Documents

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1. DS-2019 Form
2. Placement Agreement Form,  
Camp Contract
3. Confirmation of Insurance
4. SEVIS Fee Receipt
5. Passport
6. J-1 VISA
7. I-94 Form
8. Cash/Traveler's Checks/Debit  
Card
9. Medical Form

# DS 2019 FORM

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

U.S. Department of State		FORM APPROVAL NO. 1-68-0119 EXPIRATION FOR REUSE: ESTIMATED REQUIRED: 45 min.	
<b>CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS</b> <b>(J-NONIMMIGRANT)</b>			
Applicant's Full Name:		Citizen Name:	
Date of Birth (mm-dd-yyyy):	Country of Birth:	Present Residence Country:	Exchange Visitor Category:
Legal Permanent Resident Country:		Passport Code:	Visa Code:
Date of Issuance:			
Program Sponsor:			
Exchange Visitor Program Number:			
Participating Program Official Description:			
<h1>DRAFT</h1>			
Period of this Form:			
From Current Period:	To Exchange Visitor Category:		
Effective date (mm-dd-yyyy):	Subject Field Code:	Subject Field Code Remarks:	
(mm-dd-yyyy)			
During the period covered by this form, the maximum estimated financial support (in U.S. \$) to be provided to the exchange visitor by:			
U.S. DEPARTMENT OF STATE/DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).		T.	
		Name of Official Preparing Form:	Title:
		Address of Responsible Officer or Alternate Responsible Officer:	Telephone Number:
		Signature of Responsible Officer or Alternate Responsible Officer:	Date (mm-dd-yyyy):
Statement of Responsible Officer for Relinquishing Sponsorship (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ 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.			
Signature of Responsible Officer or Alternate Responsible Officer:		Date (mm-dd-yyyy) of Signature:	
ELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(p) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1)(c) of page 3):			
Exchange Visitor is the above program:			
<input type="checkbox"/> Not subject to the two-year residence requirement.		(ALL USAID PARTICIPANTS G-2-00262 AND ALL ALIEN FREELANCE SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)	
<input type="checkbox"/> Subject to two-year residence requirement based on:			
A. Government financing and/or			
B. The Exchange Visitor Skills List and/or			
C. PL 94-484 as amended			
Name:		Title:	
Signature of Consular or Immigration Officer:		Date (mm-dd-yyyy):	
U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING ISSUANCE.			
ATTENTION: I have read and agree with the statement in Item 2 on page 2 of this document.			
Signature of Applicant:		Place:	
		Date (mm-dd-yyyy):	

# Getting your J-1 Visa

- Your J-1 visa appointment at the US Embassy
- **What to bring with you to the US Embassy**
  - ☐ DS-2019 Form
  - ☐ SEVIS payment receipt
  - ☐ Placement Agreement Form
  - ☐ Confirmation of Insurance
  - ☐ Completed visa application (DS-160 Form)





# 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.

- ☐ Visit your doctor and dentist before you travel!
- ☐ Order any prescription medications you'll need!

# CIEE Insurance

- Confirmation of Insurance
- [www.ciee.org/insurance](http://www.ciee.org/insurance)
- Coverage/Benefits/Exclusions
- Give camp a copy of your confirmation of insurance
- CIEE health care providers
- Emergency Room vs Urgent Care or Doctors Visit

Confirmation of Insurance		ciee	
Policy Holder	Your Name Here		
Date of birth:	Your Date of Birth		
Member ID:	1281234567		
Group ID:	CIEE-697401		
Effective Date:	DD/MM/YYYY	Termination Date:	DD/MM/YYYY
The health insurance has, within the framework of the tariff and insurance conditions, an upper limit for the reimbursement.			
Maximum Benefit:	\$100,000		
Emergency Evacuation:	\$75,000	Repatriation:	\$30,000
Emergency Reunion:	\$15,000	Urgent Travel Expense:	\$2,000
Copays: \$20/ Urgent Care Copay   \$50 Doctor/Specialist Copay   \$100 ER/Hospital Copay			
Liability Limits: US\$ 100,000			
The insurance coverage expires on the termination date listed above, or when the participant withdraws from the program, or when they are dismissed from the program, or their employment is terminated, whichever comes first.			
PROGRAM INFORMATION			
DS 2019 Number	N0021234567	CIEE ATLAS ID	12345678910C
Program Code	WAT	CIEE Partner Code	UV/WXY
Insurance and Program Start Date	DD / Month/Year	You may not enter the US prior to this date. Insurance coverage starts on this date.	
Legal Employment Start Date	DD/Month/Year	Date listed on DS-2019 as "Begin date" of program. You may not start working prior to this date.	
SEVIS Compliance Deadline	DD/Month/Year	You must notify CIEE of your address in the US by this date or CIEE will terminate your program and you will be required to return home.	
Legal Employment End Date	DD/Month/Year	Date listed on DS-2019 as "End date" of program. You may not continue working after this date.	
Insurance and Program End Date	DD/Month/Year	You must leave the US by your departure date. Insurance coverage ends on this date.	
This is an important document. Please read it thoroughly. You are insured under the group policy of CIEE for the period of time stated on this document. For complete terms of coverage please refer to the CIEE website at <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a> . If you have a specific question please call CIEE at 1-888-268-6245.			
CLAIMS TO BE MADE TO:			
Aetna Student Health PO Box 981106 EL Paso, TX 79998  ADMINISTERED BY: CIEE as agent for the insurer 300 Fore Street Portland, ME 04101 USA 888.268.6245 <a href="http://www.ciee.org">www.ciee.org</a>		aetna® First Name YOUR NAME Last Name YOUR NAME  PPO NAP Group No. CIEE-697401 Member ID 1281234567  To presently, precisely, verify eligibility and/or benefits, please contact CIEE at: 1-888-268-6245 <a href="mailto:insurance@ciee.org">insurance@ciee.org</a> <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a> EDI Payor ID: 60054-0315	
		Mail all claims to: Aetna Student Health P.O. Box 981106 EL Paso, TX 79998  \$20 / Urgent Care Copay \$50 Doctor/Specialist Copay \$100 ER/Hospital Copay	
Exchange visitors and any accompanying spouse and dependent(s), may be subject to the requirements of the Affordable Care Act.			
CIEE   300 Fore Street, Portland, ME 04101   <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a>   <a href="mailto:insurance@ciee.org">insurance@ciee.org</a>   1-888-268-6245			



# FLIGHTS

- Booking information
  - START: up to 10 days before your DS Start Date
  - RETURN: No longer than 30 days after your DS End Date
- Meet & Greet
- Changes/ Extensions

**CALL CIEE if you are  
changing your camp  
contract END DATE**



# Pre-Departure Checklist

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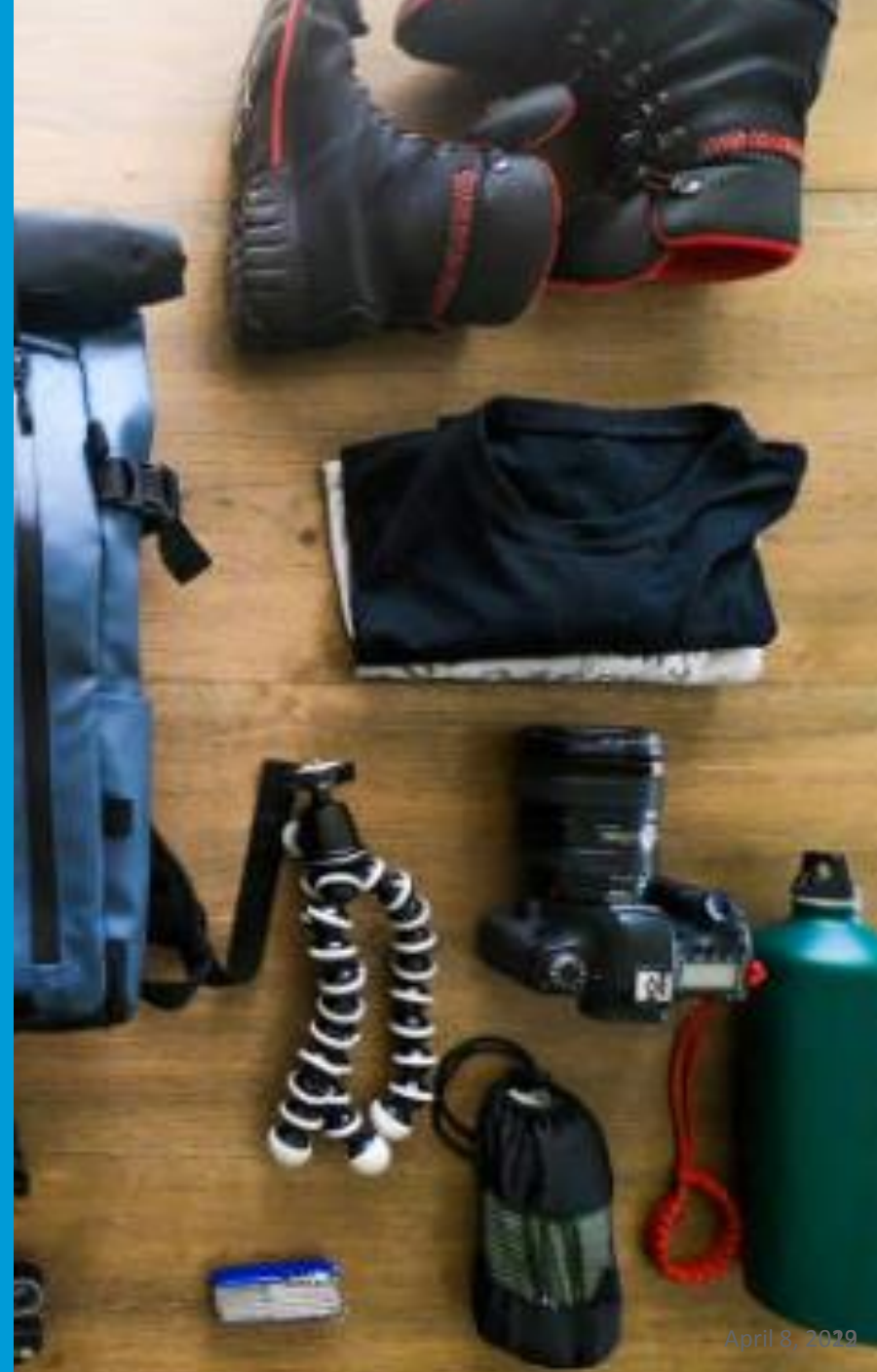
- ☐ Contact camp
- ☐ Check your social networking sites!
- ☐ Visit your Doctor/Medical Form
- ☐ Check and print your travel instructions
- ☐ **Bring at least 400USD** in cash or traveler's checks
- ☐ Pack the right stuff
- ☐ Keep all important documents in your carry-on



# PACK LIGHT

Check your camp's packing list  
Put these your carry-on  
bag/daypack

- ❑ DS-2019
- ❑ Passport
- ❑ Cash/Traveler's Checks
- ❑ Any medication
- ❑ Phone/camera/music/headphones
- ❑ Printed travel details document
- ❑ Camp contact information
- ❑ Spare items of clothing



# ARRIVAL





# Meet & Greet

## FOLLOW YOUR TRAVEL DETAILS INSTRUCTIONS!

- **Hostelling International Boston**
- **Hostelling International NYC**
- Check in at the front desk with first and last name
- Call your family!
- Relax!
- Prepare for evening orientation with CIEE





# DIRECT TO CAMP





# REGISTER FOR SEVIS

# FIRST 5 DAYS



# YOU MADE IT TO CAMP

- Call your parents!
- Call CIEE for SEVIS Registration  
*(if not attending Meet & Greet)*
- Store your documents in a safe place
- Make a friend!



# KNOW U.S. LAWS

- **SMOKING**
- **DRUGS**
- **ALCOHOL**

# Your Camp Placement

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- Your camp placement is a contract
- Follow camp rules or you will be sent home!
  - Smoking
  - Drinking
  - Drugs
  - Sexual harassment
- If you are unable to successfully complete your contract:
  - You will not receive the remainder of your pocket money
  - You will have to **depart the US immediately**
  - You are **not eligible** for post camp travel within the USA
  - You will be responsible for paying non-completion fee (\$15 for every day not completed)





**HAVE A GREAT  
SUMMER!**