

## SWT Participant Responsibilities Sign-Off

**Participant's Name (Printed):** \_\_\_\_\_

Congratulations on your decision to come to the United States as a part of the Summer Work/Travel Program!  
Please circle the appropriate answer to complete this short questionnaire. This will confirm you understand your responsibilities during your SWT Program.

1. I understand that my sponsor is United Work and Travel, a division of APEI (UWT) and their toll free number is 1-866-446-2872. I am aware that I have access to this number 24-hours/day. **YES**    **NO**
  
2. I understand that this is a cultural exchange program and that the purpose of this program is not to earn money, but rather to experience American culture and the American way of life while at the same time teaching others about my culture. **YES**    **NO**
  
3. I understand that the intention of this program is not to live with a relative or friend from my home country while I am on my work program. If I choose to live with a relative or friend from my home country, it will be on my travel period only. **YES**    **NO**
  
4. I will check-in upon arrival to the United States and provide UWT with my housing and employment address. This must be done by accessing my student account at [www.myuwt.com](http://www.myuwt.com) or by telephone. I realize that I must wait 7 days after my initial check-in to apply for a social security number. **YES**    **NO**
  
5. I will complete a 30/60/90 day program check in by going online to [www.myuwt.com](http://www.myuwt.com) to access my student account or by calling the toll free number above. **YES**    **NO**
  
6. I will contact my sponsor, UWT, prior to making any changes to my housing or employment and I realize that my sponsor must approve these changes in advance. I know that I must give a 2 week notice in order to change my employment once approved by UWT and that failure to do so will result in program dismissal. **YES**    **NO**
  
7. In the event that I seek a second job, I realize that it is mandatory to contact UWT, to complete the necessary documents and I will wait for their approval before beginning training and work at that job. I understand that if I engage in un-vetted training or employment my program will be dismissed immediately. **YES**    **NO**
  
8. I understand that there is a zero tolerance policy for theft, violence and illegal activity and it will result in immediate dismissal from my SWT Program. I understand that theft is wrongfully taking or giving away anything that does not belong to me including but not limited to food, money, store merchandise, time clock deception, etc. **YES**    **NO**
  
9. I understand my work end date is my DS 2019 Form End Date and that my 30 day travel period, within the USA, will begin after my last day of employment. I know UWT will communicate with my host company and update my DS 2019 End Date, if necessary, after my last day of work. **YES**    **NO**
  
10. My sponsor and employer will assist with providing cultural activities, however I am responsible for participating and engaging in additional activities on my own. I understand that a cultural activity can be anything from a company-sponsored event to an independently-organized trip, but could also include seeing an American movie, participating in volunteer activities, attending sporting events, etc. **YES**    **NO**
  
11. I confirm that I do not have any preexisting health conditions that may hinder my ability to complete the employment position that I have selected for my program and that I am not currently pregnant as insurance will not cover these health conditions. If I become pregnant, I know I have 7 days to return home. **YES**    **NO**

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**Participant Signature**

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**Date**