



COUNCIL OF
INTERNATIONAL
PROGRAMS USA

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Application for Building Bridges Program

ATTACH
PHOTO
HERE

I. CONTACT INFORMATION as it appears on your passport

Family (Last) Name	First Name	Middle Name

Current Mailing Address in Home Country

and Contact Information for shipment of CIPUSA documents:

Street and Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Skype ID	E-mail

Permanent Mailing Address and Contact Information for CIPUSA Files:

Street and Number	City and State/Province	Postal Code	Country

Telephone (Please include country and city codes)	E-mail

II. BIOGRAPHICAL DATA

Date of Birth (Month/Day/Year)	Birth City/State	Birth Country

Country of Citizenship	Country of Permanent Legal Residency

Gender	Marital Status (list date of marriage)	Number of Children (list ages if applicable)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	

III. LANGUAGE ABILITY

English Proficiency	Languages Other Than English
Fluent <input type="checkbox"/> Above Average <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	If applicable: TOEFEL Score: TOEC Score:

IV. EDUCATION

Dates of Attendance	Institutions Attended & CITY, COUNTRY	Areas of Study	Degrees/Certificates Received

Other Relevant Training, Awards or Honors

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V. CURRENT EMPLOYMENT STATUS

Most Recent Position Held	Company Where You Worked

Dates of Employment	Job Responsibilities

VI. EMPLOYMENT EXPERIENCE

(*Applicant must have a university degree from a non-U.S. institution and at least one year of related work experience outside of the U.S. OR five years of relevant work experience outside of the U.S. *)

Number of Years of Professional Experience	Number of Years of Experience in your related field of training outside of the U.S.

Dates of Employment	Position Title	Organization Name & Location (City, Country)	Job Responsibilities

VII. PREVIOUS TRAVEL TO THE UNITED STATES

Do You Have A Passport? (*Please attach a copy of your passport to the application**)	If yes, when does it expire? (Month/Day/Year)
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been granted a J-1 training visa prior to applying to CIPUSA?
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes,

How long was your visa? (program / visa dates)	Where was your training program located? (training site name / location)	Which organization sponsored you? (J-1 sponsor name)

Please list all visas granted to you for use in the United States

Type of Visa Issued	Dates Valid	Sponsored By	Reason for Issuance	Location while in U.S.

Have you ever been refused a visa to the U.S.?
Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please explain your reason for refusal, type of visa requested and the date of refusal:

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What other countries have you traveled to?:

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VIII. EMERGENCY CONTACT INFORMATION

In case of an emergency, please provide us with information on who to contact

Name	Mobile	Address

Email Address	Relationship to You

IX. HEALTH HISTORY

Have you had or do you have any serious illnesses or disabilities that CIPUSA should be aware of? If yes, please list your illnesses / disabilities:
Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you currently taking any medication? If so, please explain what type of medication and what for:
Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever had mental health counseling? If yes, please provide reason and dates:
Yes <input type="checkbox"/> No <input type="checkbox"/>

X. CRIMINAL HISTORY

Have you ever been convicted of a crime?
Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, please explain:

XI. GENERAL INFORMATION

How did you learn about CIPUSA?
Recruiter <input type="checkbox"/> Alumni <input type="checkbox"/> Attorney <input type="checkbox"/> CIPUSA Website <input type="checkbox"/> Brochure <input type="checkbox"/> Training Site <input type="checkbox"/>
Other (please explain):

Have you ever applied to a CIPUSA program before?

Yes No If yes, when?

Have you been a CIPUSA participant?

Yes No IF YES, list program date and affiliate office or city you were placed in:

If you are currently working with one of our affiliate offices, please indicate the office:

XII. ATTACHMENTS

Please attach:

- Resume
- Copy of Passport
- Copy of Any past U.S. visas
- Copy of University Degree or Transcript
- Two Professional References (Letters or Contact Details)

I have read and fully understand the questions asked in this application. I certify that the information in this application and the enclosures is true and complete to the best of my knowledge and belief. I understand that if any information is found to be false, my application will be denied.

Printed Name

Signature

Date

Program Dates Desired

August 4th – September 15th 2017

XIII. Required Essay Questions

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

Please briefly describe your relevant professional experience in the training field:

Do you have less than three years of experience in this field? **Yes** **No**

If yes, please explain why your experience is limited and why this type of training is important for you to learn

What do you hope to gain both professionally and personally from participating in this program?

What skills, expertise and insights can you share with the people that you interact with during this program?

If you could learn one new thing, what would it be?

FINANCIAL INFORMATION

<p>Your travel fees will be paid by: <i>(Airfare to the U.S. is typically between \$1000 USD to \$2000 USD)</i></p> <p><input type="checkbox"/> Self <input type="checkbox"/> Other: _____</p>	<p>Your CIPUSA administrative fee of \$1200 USD will be paid by:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Other: _____</p>	<p>Required health insurance (available through CIPUSA—contact CIPUSA for cost amount) will be paid by:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Other: _____</p>
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<p>List ANY financial support you will receive (from home employer, relative, other sources) and list who will be providing this support</p>	<p>Will your salary from your current job be paid in your absence? If yes, please list amount per month</p>
<p>Name of Provider:</p> <p>List TOTAL Amount:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Amount per month:</p>

<p>List TOTAL financial support you will provide during your program</p>	<p>List any scholarships or stipends received for this program</p>
	<p>\$_____ Provided by: _____</p> <p>\$_____ Provided by: _____</p>

I, _____ hereby guarantee that I will take full responsibility paying the required program fees and health insurance costs, as well as provide any additional funding to support myself during this program in the United States.

This affidavit of support is made for the purpose of assisting the U.S. government in being assured the abovementioned trainee will not become a public charge while staying in the United States.

I further swear that the above statement is true and correct in all accounts.

Applicant Signature

Date

PROGRAM INFORMATION FOR LIVING ACCOMODATIONS & HOST FAMILIES

CIPUSA has been hosting professional exchange programs for more than 60 years. Participants from more than 147 countries have brought a great diversity of backgrounds and experiences to the United States through our program. We are committed to extending a warm welcome to all, regardless of race, color, religion, creed, ethnicity, gender identity, sexual preference, age, or ability, and our host families are an extension of our inclusiveness.

PERSONAL INFORMATION

Living abroad exposes you to a lifestyle that you may not be familiar with and you may find you will need to depend on yourself in many situations.

What type of personality would you consider yourself?		
<input type="checkbox"/> Independent	<input type="checkbox"/> Somewhat Independent	<input type="checkbox"/> Dependent
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Willing to try new things	<input type="checkbox"/> Conservative
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Introverted	
Do you have fears or allergies to animals (pets)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Do you object to host families having pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have allergies to any foods? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list foods:		
Do you have any dietary restrictions that your host family should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list dietary restrictions:		
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you confine your smoking if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have objections to others smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your hobbies and leisure interests?		
Have you lived abroad? If yes, please describe where and when you were there. Also include what the main purpose was for living abroad.		
What languages do you speak fluently?		

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Do you enjoy international travel? Please provide a short description:

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Please describe your family and personal life in your home country:

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Please describe your current work:

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Briefly describe your professional, personal and cultural goals for coming to the U.S. and participating in the program:

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Would you like us to help you find a place of worship during your time in the U.S.? If so, please provide information on how to best meet your needs (Christian? Muslim? Buddhist? Jewish? etc.)

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Would you be willing to attend worship services outside of your faith during the program?

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Is there any other information that you would like to share with your host family?

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Upon completion of the program, would you like to serve as an Ambassador of the program & conduct interviews for future applicants?

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BRIDGE BUILDERS PARTICIPANT AGREEMENT FORM

In order for CIPUSA to participant on the Bridge Builders Program, you must agree to the following statements:

- I am aware that the Council of International Programs USA is my program sponsor and that CIPUSA also works through affiliate offices located throughout the U.S.
- CIPUSA's affiliate office has designed a program based on my application to the best of its ability. The program's goal is to provide me training so that I can use my new skills in my home country. I understand the use of this program for ordinary employment or work purposes is prohibited. Any employment outside my training site is in direct violation of the J-1 and B1 visa, and I agree to abide by this regulation.
- I understand that my training program at the training site may not be exactly the same as the work I do at home. I understand that I may be on the level of a trainee or an intern.
- I agree to the terms of my assigned program and also agree to complete written assignments regarding the placement as required.
- I understand that a CIPUSA will provide me with room/board and local transportation costs during the 6-week program.
- **I understand that I must participate in the program for the entire 6-week duration and cannot travel outside of my host city during the program. I also understand that relatives/friends cannot visit me in my host city during this 6-week program.**
- **I accept living with various host families and understand that I am expected to spend quality time with them throughout the program.**
- I agree to attend orientation/educational activities, including those scheduled at the beginning of the program and those continuing throughout my stay.
- I agree to prepare presentations about my work and country that may be given to agency staff, school children, and to community groups as well as participate in other program activities including dinners, cultural excursions, etc.
- I am aware that I am required to complete and submit program evaluations.
- I am aware that I am required to have health insurance for the duration of my training program that meets the U.S. Department of State requirements. **Failure to do so will result in termination of my program.**
- **I agree to enter this program with an open mind and be flexible and open to new ideas, people and experiences throughout the program.**
- I am aware that prior to or upon my arrival to the U.S., I must pay all required fees to CIPUSA. **Failure to do so will result in termination of my program.**
- I agree to voluntarily accept all risks (such as bodily injury or property damage), that may result from any accident in which I am involved during my stay as a participant and I give up the right to make any legal claims against the Council of International Programs USA and any of its affiliate office, their employees, agents, officers, trustees, directors, or representatives for any such injury or damage that may result, for any expense or damages I may suffer as a result of sickness or accident and hereby release and discharge the Council of International Programs USA, its affiliates, my field placement site, and any agencies, persons, firms, corporations, organizations, officers, trustees, directors, employees, agents and their heirs, executors, administrators, and anyone to whom they legally assign contractual rights, from any claim, liability, or demand of any kind, whether caused by the negligence of any of these parties or otherwise.
- **I authorize the Council of International Programs USA and their affiliates to freely use any Media (photographs/video/written quotes) for the purposes of memorabilia, publicity or the like (Please note: If you would prefer that CIPUSA not use your information please send an email stating this to info@cipusa.org with the subject line "CIPUSA Media Release")**

I agree to the conditions stated in this **Agreement**. I realize that if I do not fulfill my obligations and responsibilities as stated, CIPUSA will not continue sponsorship for me.

Signature

Printed Name

Date