



Au Pair Foundation

A CHILD OF FACE THE WORLD INTERNATIONAL

Au Pair Application Packet

Applicant Name:

Address:

Telephone number: Email:

Age: Infant Qualified? yes no Driver's License? yes no

Last Available date:

Au Pair Foundation Internal Use Only


I.D. Number: Au Pair Program: Infant Care Standard Care EduCare

Application Receive Date: Approved by:

Date Security Deposit Paid:

SEVIS info:

Notes:



1010 "B" Street · Suite 200,
San Rafael, CA 94901, USA

Tel: 1-866-4-AuPair / 415-257-4783
Fax: 415-257-2207

e-mail: aupair@aupairfoundation.org
URL: www.aupairfoundation.org

Au pair Application Process

Congratulations on your selection of Au Pair Foundation!

The following materials have been prepared to help you “Put your best foot forward” to potential host families. Please complete them with care and attention to detail. Au Pair Foundation is designated by the United States Department of State to administer a J-1 Cultural Exchange Au Pair program. It is designed to give qualified candidates a quality cultural exchange experience. The regulations have been designed to protect the interests of both Au Pairs and host families. Please be truthful when answering the questions and spend time thinking about what kind of family you could be happy with when applying. It is important to convey these desires to your family.

By now, you should have already read a translated version of the Au Pair Pledge. If not, please consult your local agency and request one. It is important that you understand the program and its requirements before investing any time or money applying.

You will be working and caring for children for up to 45 hours a week. The responsibility is enormous and you must be mentally prepared for the challenge.

Are you ready to continue? Good, then please follow the outline below to get started.

Step One: Complete the application

- 1. Application:** Your letter to the host family is very important. You will make your first impression, on potential families, with this letter. You are requested to make a photo collage. Choose photos of yourself with children. Avoid provocative looking photos which will give the family an incorrect impression of you. Also don't forget that four passport sized photos are required to complete the application. One will be used as your Au Pair ID card photo.
- 2. Request 2 childcare references from non family members.** Have them fill out the forms in English if possible. You can photocopy the forms or have them fill them out in the packet. If not, your local agency will translate them. Remember, if you are to care for infants (Children 2 years of age and under) you must have at least 200 hours of infant care experience. Remember to include the names and ages of the children at the time you cared for them.
- 3. Request a Character Reference** from someone who speaks well of you as a person and your achievements
- 4. Submitting additional references** from friends and family members is perfectly acceptable and can help make a favorable impression, however they must be accompanied by the above references
- 5. Fill out page one of the “Au Pair Statement of Health Form”** have a medical doctor fill out page two, sign and stamp it.

Step Two: Prepare the following documents

- Contact your local issuing authority and request a Criminal background document which will verify you have no criminal record. The original must be submitted with the application
- Make copies of your high school or university diplomas. Show the originals to the local agent.
- Make a copy of your driver's license if you have one. Show the original to the local agent. It is a good idea to apply for an international driver's

license if you have not done so already.

4. Make a copy of your immunization records. Show the original to the local agent.
5. Read and Sign the Au Pair Pledge. Make sure you have read a translated version.

Step Three: Submit your application to the local agent

Take the psychometric evaluation and undergo an Evaluation interview. Your application will be forwarded to our headquarters where it will be reviewed. If accepted, a mini profile will be uploaded on our website at: <http://www.aupairfoundation.org/ap-available.htm>

Pre-screened host families will review your profile and if interested, will contact our office to request a copy of your complete application. At least two telephone interviews are required before a match can be determined. Keep a copy of the Interview Helper on hand to assist you when they call.

Step Four: The match is made

Once a family decides on an applicant, they contact our Headquarter Office. We in turn contact your local agent and ask for your confirmation about the match. You can accept or deny a match request. If you deny a match you will be required to elaborate why on the Telephone interview helper. During the interview, it is very important that you be clear about your expectations.

Step Five: The Match is confirmed

Once you have decided to match with a family, you must pay a \$400.00 Security Deposit. The deposit will be refunded to you in the 12th month of your contract.

Step Six: DS-2019 Form issued

Au Pair Foundation will enter the US Department of State SEVIS database and issue a DS-2019 form. This form will be sent to your local agency via international courier along with a complete Host Family application, insurance information and other important documents.

Step Seven: Schedule an interview the US Embassy for a J-1 Nonimmigrant Visa

Your local agent should assist you with this process. There is some paperwork required by the embassy along with an interview fee. Complete details are usually found at the embassy website.

Step Eight: Pay the \$35 SEVIS I-901 fee. Consult local agent for instructions. Visit: www.ice.gov/graphics/sevis/i901 to apply on-line

Step Nine: The Embassy interview takes place and you are granted or denied the visa

If the visa is denied, your \$400.00 deposit is refunded. If you are accepted, the agent will contact us immediately and we schedule your travel and training arrangements. You are mailed a complete itinerary as well as a Community Profile about the city where you will be living.



Au Pair Application Checklist



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Fax: 415-257-2207
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A complete application consists of the following documents. Please make sure you have them all

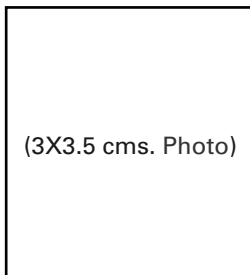
- Completed Application form
- Character Reference
- Childcare Reference
- Childcare Reference
- Original Statement of Health Form signed by your physician
- Signed Au Pair Pledge
- 4 "passport size photos 3cm. wide by 3.5 cm tall
- Original Criminal Report
- Copies of School Diplomas (Show original to local agent)
- Copy of your Driver's License (Show original to local agent)
- Copy of your Passport (Show original to local agent)
- Copy of Immunization Records (Show Original to Agent)
- Keep a copy of the telephone interview form to fill out when a family calls to interview you.

Au Pair Application Form



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General Information (name as it appears on your passport)



In order of interest: **Infant Care Au Pair** **Standard Au Pair** **Educare Au Pair**

Family Name

First Name Middle Name

Suffix Date of birth (MM/DD/YYYY) / /

Gender male female City of birth

Country of birth Country of citizenship

Country of Legal Permanent Residence:

e-mail address

Mailing Address

..... City Postal code

Passport

Passport Number Passport Expiration Date / /

Driver License yes no if yes, when did you receive it?

First & Last Available Departure Date: First / / Last / /

Nearest International Airport

Hours difference between home country and California · USA.

Best time in your home country to call

Telephone

Telephone (Country code: City Code:)

Home number: Work number: Cellphone:

Highest level of Education Attained

Education and Professional Training

Languages Spoken

Current Profession

Emergency Info

Emergency information

Name

Relationship

Address

City State Country

Primary phone: Secondary phone

Infant Care Qualified

I have 200 hours of documented Infant Care Experience.

Yes No

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Childcare experience

Please list youngest child care experience first. **Make sure you list the age of the children at the time you cared for them.**

NOTE: The US Government requires that Au Pairs looking after children under the age of two (2) years must have at least 200 verifiable hours of experience and/or training with children less than two years of age. Many of our Host Families have children under the age of two. Please provide documentation of your experience or training to enable you to be placed as an "Infant Care Au Pair" with one of these families.

Age and name of child:

Dates from: To: Total hours of care:

Type of Child Care experience:

Baby-sitting **Daycare** **Youth Group** **Au Pair** **Tutoring** **Other**

How often: Daily Weekly Monthly

Responsibilities: Cooking/feeding Bathing Changing diapers

Games Walking Other

Age and name of child:

Dates from: To: Total hours of care:

Type of Child Care experience:

Baby-sitting **Daycare** **Youth Group** **Au Pair** **Tutoring** **Other**

How often: Daily Weekly Monthly

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Games Walking Other

**Age group
experience & preferences**

Experience with Age Groups (Check appropriate groups)
 3-24 months 2-5 years 5-10 years Over 10 years
 Special need experience? no yes
 Describe any special need care experience:

Host Family Preferences

Au Pair Foundation will place you with a family suitable to your age, experience and background.

Preferred Age Groups (Check appropriate groups)
 3-24 months 2-5 years 5-10 years Over 10 years
 Will you care for children with special needs? yes no
 Maximum number of children you will care for: 1 2 3 4
 Host Family Preferences
 If you **do not** wish to be placed with a family like the following, please mark it.
 Single parent family Family of different faith Family of a different race
 Same Sex Family Other

Au Pair Hobbies

List interest, talents, school activities and honors:

Please check the activities you practice or feel comfortable with:
 swim ski tennis basketball running trekking
 soccer fishing arts & crafts music dance cook
 other(s)

If you think you have other skills that a host family should know when reviewing your file, please list them here:

Would you like to be placed with a family that has pets? yes no
 Do you have a first aid certificate or special certification? yes no
 Other certification? :

Au Pair Family Background

Au Pair Family Background
 Father's Name
 Occupation
 Mother's Name
 Occupation
 Address
 City Country

Au Pair Family Information

Telephone Number _____ Cell Phone number _____
 Number of Children _____
 Place in birth order _____
 Religious Affiliation _____ Attendance Frequency _____
 Are they supportive of your decision to come to America? yes no

Au Pair Employment History

If you need more space,
please continue on the back
of this sheet.

Au Pair Employment History (don't list jobs already listed in the Experience section)

Present occupation _____
 Employer _____
 (Dates of employment) from: _____ to: _____
 Address _____ Telephone _____

Prior occupation _____
 Employer _____
 (Dates of employment) from: _____ to: _____
 Address _____ Telephone _____

Survey

Please answer the following questions truthfully by indicating yes or no

Do you get homesick?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you lived away from home?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you lived out of the country?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you taken illegal drugs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you drink alcoholic beverages?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you smoke?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have racial prejudices?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have any traffic tickets?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you been in a traffic accident?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you currently in a steady relationship?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been married?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a criminal record?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have any financial commitments?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have any physical or mental limitations?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you currently taking any medication?	<input type="checkbox"/> yes	<input type="checkbox"/> no



Survey

Do you have any medical conditions requiring treatment? yes no

Do you have any allergies? yes no

Do you have any dietary restrictions? yes no

Are you a vegetarian? yes no

If you are vegetarian,
can you cook or be placed with a family who eats meat yes no

Are you willing to sign a non-smoking declaration? yes no

Please give a brief explanation to any items for which you answered yes

.....
.....
.....
.....
.....

What are the reasons why you want to be an Au Pair?

.....
.....
.....
.....

What are your plans following your year as an Au Pair?


.....
.....
.....
.....

How will being an Au Pair positively affect your future endeavors?

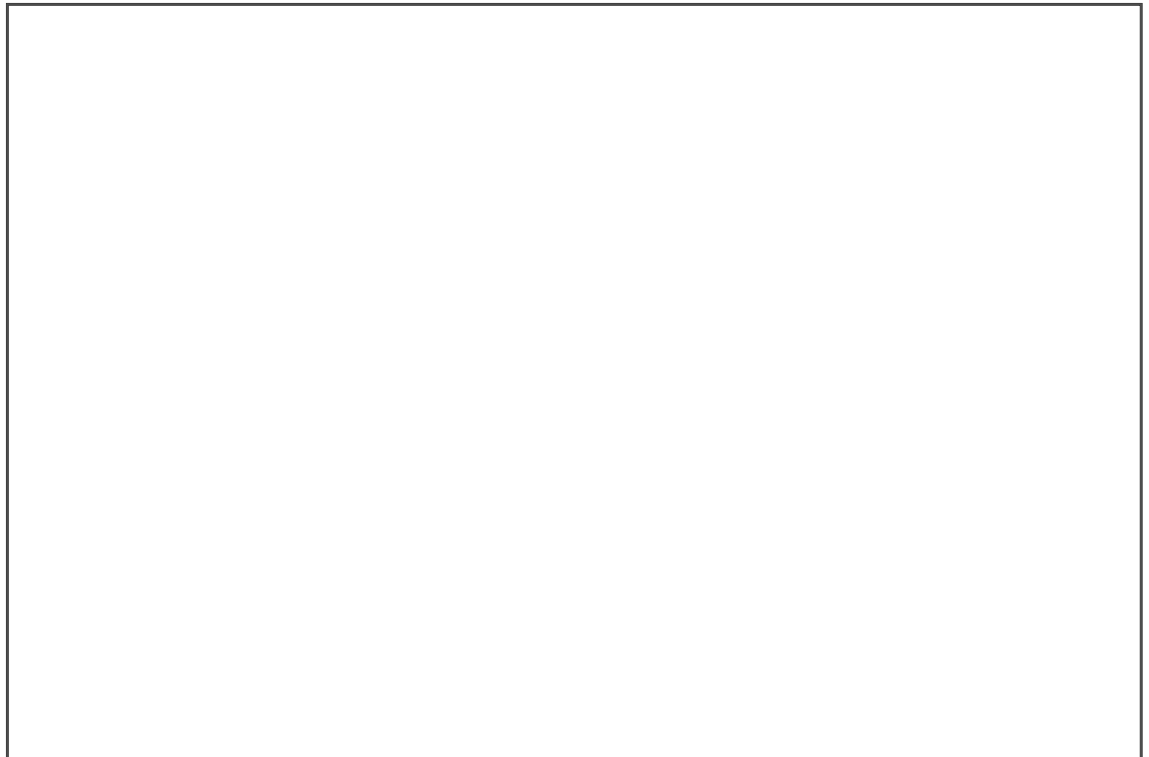
.....
.....
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Photo Essay

Please use the following space to attach a photo essay. Notice that the pictures will not be returned to you, therefore we encourage you to use copies of your originals.



Description:



**Au Pair
Child Care
Reference
Form**



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Fax: 415-257-2207
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**Au Pair
Child Care
Reference
Form**

- a. Please fill out this form in English if possible
- b. Provide as many additional references as possible.
- c. Please ask each employer to fill in a separate form.
- d. Please type or write clearly on this form using black ink.
- e. Remember you can NOT use family members as primary references; however they can be used as supporting references.
- f. You must have at least two primary references

Name

Name of applicant

How long have you known the applicant?

Relationship to applicant (friend, neighbor, etc.)?

**Child Care
Experience**

As a prerequisite to care for children less than two years of age, the applicant must document a minimum of 200 hours of experience with children under age two. Please estimate the number of hours the applicant cared for all of your children.

Age and name of child:

Dates from: To: Total hours of care:

Type of Child Care experience:

Baby-sitting **Daycare** **Youth Group** **Au Pair** **Tutoring** **Other**

How often: Daily Weekly Monthly

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**Applicant
Personality**

Describe the applicant personality

.....

.....

.....

.....

.....

Recommendation

Would you recommend this applicant for placement as an au pair in the United States? (Please elaborate)

.....

.....

.....

.....

.....

**Additional
comments**

Any additional comments?

.....

.....

.....

.....

**Name of
employer**

Name of employer

Street address

City state Postal code Country

Telephone Best time to call

Date / / Signature

<p>For office use only Reference Verification:</p> <p>Verified by (print name):</p> <p>Date Signature</p>
--

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**Additional
comments**

Any additional comments?

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**Name of
employer**

Name of employer

Street address

City state Postal code Country

Telephone Best time to call

Date / / Signature

<p>For office use only Reference Verification:</p> <p>Verified by (print name):</p> <p>Date Signature</p>
--

Au Pair Character Reference Form



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Reference

a.
All references must be translated into English using this form with the original attached.

b.
Provide as many additional references as possible.

c.
Please ask each employer to fill out a separate form.

d.
Please type or write clearly on this form using **black ink**.

e.
Remember you can NOT use family members as primary references; however they can be used as supporting references.

f.
You must have at least two primary references

Name of Au Pair applicant

How long have you known the applicant?

Relationship to applicant? Friend Neighbor Other

Please indicate the applicant's ability in the following areas

Communication skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Reliability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Work quality	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Maturity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Friendliness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Manners	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Attitude	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Grooming	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to handle stress	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to handle emergencies	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to work with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to relate to children	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know

Please indicate any strengths and or weaknesses of the applicant:

.....

.....

.....

.....

Please describe the applicant's personality:

.....

.....

.....

.....

Name of person completing this form:

Street address

City/State/Country

Postal code Telephone Best time to call

Date Signature

For office use only Reference Verification:

Verified by (print name):

Date Signature

**Au Pair
Statement of
Health Form**



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Part A
**To be
completed
by the
applicant**

Applicant Name

Alternate (Emergency Contact)

First name Last Name

Street Address City

State/Country Postal Code

Home Phone Work Phone

Date of birth / / Relationship to applicant

Gender Male Female Height Weight

A. Are you covered by additional insurance other than that provided by Au Pair Foundation?

Yes No (If yes, please describe)

B. Have you ever had?

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Dizziness / fainting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Gall bladder | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Glandular fever | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Depression | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Malaria | <input type="checkbox"/> Measles | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Anemia | <input type="checkbox"/> German measles | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Menstrual problems | |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Headaches | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Epilepsy / convulsion | |

If you answer yes to any of the above please give details including dates if possible

Details* Date

C. Have you ever undergone surgery? yes no

Please give full details with date

Details* Date

D. Is your physical activity restricted in any way? yes no

E. Have you ever received treatment for nervous or emotional problems? yes no

F. Have you ever been treated by a psychiatrist? yes no

G. Are you currently taking any medications? yes no

H. Do you have any habits that affect your health? yes no

Alcohol Cigarettes Drugs Other

I. Do you take oral contraceptives? yes no

J. Do you have any chronic or recurring illness? yes no

K. Have you ever been tested for AIDS? yes no

If yes, have you ever been diagnosed HIV positive? yes no

If you have answered yes to any of the above please give full details indicating the names of any medication

Details* Medication Name

.....
.....

* (if you need more space explaining details, please use the back of the page)

**Part B
To be
completed
by the
Physician**

As an Au Pair, the applicant will be living for an extended period of time in the home of a family with young children. It is therefore important that we are advised of any physical or mental health issues that may have a bearing on the applicant's ability to participate

A. Please review the information provided by the applicant on the other page.

B. Please indicate whether the applicant has been immunized against the following:

Tetanus Yes No Date / / Polio Yes No Date / /
 Diphtheria Yes No Date / / Measles Yes No Date / /
 Typhoid Yes No Date / / Mumps Yes No Date / /
 Tuberculosis Yes No Date / / Whooping Cough Yes No Date / /
 Have you received a BCG vaccine? Yes No Date / /

C. Are there any abnormalities of the following system?

Gastrointestinal Yes No
 Skin Yes No Musculoskeletal Yes No
 Metabolic Yes No Neuropsychiatric Yes No
 Eyes Yes No Genitourinary Yes No
 Other Yes No (if yes):

If you have answered yes to any of the above, please give details if possible*

D. Is the applicant currently or recently been treated / counseled for a nervous condition, depression or emotional disorder Yes No

E. If yes, please explain*

F. Is there, in your opinion, any condition either physical or emotional which an American family might want to take into account when reaching a decision to have the applicant live in their home an care for their small children for one year Yes No

If yes, please explain*

G. How long have you treated this patient?

Comments*

Name of doctor

Address

Telephone

Date / / **Signature**

For office use only • Medical Verification:	
Verified by (print name):	
Date	Signature

* (if you need more space explaining details, please use the back of the page)

I, _____, as a participant of the Au Pair Foundation Exchange Visitor Program, as a(n) _____ Au Pair, agree to perform all of my duties under the terms and conditions set out in this Au Pair Pledge.

A. Basic Principles. I promise to:

1. Carry out my responsibilities in child care for my host family's child(ren) in a conscientious and alert manner with respect, courtesy, safety, and commitment.
2. Act with a level of maturity which is respectful of my host family's values.
3. Avoid behavior which may reflect negatively on my host family or Au Pair Foundation.
4. Obey all U.S. Federal, State, and Local laws.
5. Actively participate in and contribute to the life of my host family with a positive attitude, as if I were a member of the family, and join in family meals, holidays, and other cultural and social activities.
6. Enroll in and attend at least six semester hours, or the equivalent, at an accredited post-secondary educational institution.
7. Abide by all regulations and instruction of the U.S. Department of State concerning the Au Pair Foundation Exchange Visitor Program.
8. Cooperate fully with all representatives of the Au Pair Foundation Program and comply with any instructions they may give me.

B. Forbidden Activities. During my one-year Au Pair Foundation Program stay in the U.S., I will not under any circumstances:

1. Accept any form of paid employment other than for my duties as an Au Pair with my host family from whom I will receive a weekly stipend according to current U.S. Government regulations.
2. Ask to borrow money from my host family or accept any offer from them to lend money to me.
3. Use illegal drugs or engage in the excessive use of alcohol during my stay.
4. Consume alcoholic beverages if I am under the U.S. legal drinking age of 21 years.
5. Smoke in the home of my host family without permission.
6. Violate the terms jointly established in the Host Family Au Pair Agreement.

C. Basic Duties.

As an Au Pair Foundation participant, I accept the terms of my Au Pair responsibilities to provide up to _____ hours per week (contained within 5 and half days of a given week of child care and light housekeeping in accordance with arrangements I will determine with my host family and an Au Pair Foundation representative.

I understand that my host family reserves the right to include in my child-care duties and I agree to perform:

1. Supervision of my host family's child(ren), including, but not limited to: watching them for safety purposes, playing with them, and reading to them for pleasure and in assistance of schoolwork.
2. Remaining in the home with the child(ren) during any times of illness that would prevent them from attending school or during school holidays and closures.
3. Remaining in the home with the child(ren) should the parents be away during the evening hours or overnight.

D. Additional Responsibilities.

In addition to the terms of my Au Pair responsibilities, I understand that I have certain responsibilities toward my host family as a whole, and I agree to:

1. Maintain my bedroom in a clean and orderly fashion.
2. Contribute to the cleanliness of the shared areas of my host family's home, including but not limited to areas such as bathrooms, living rooms, kitchen etc.

Educare Au Pairs provide a maximum of 30 hours/week. Infant Care & Standard Care Au Pairs provide a maximum of 45 hours/week.

Applicant's initials

3. Openly communicate in advance with my host family regarding the scheduling of my free hours and two weeks (10 days) vacation.
4. Promptly reimburse my host family for any and all expenses they may incur on behalf of my personal needs such as telephone bills, etc.
5. Transport the child(ren) to and from school, lessons, playgroups, medical appointments, and errands, if required.
6. Prepare some meals for the children and clean up afterwards.
7. Assist in the upkeep of the child(ren)'s rooms, toys and other belongings, bed, and laundry.
8. Respect the curfew and house rules regarding my guests.
9. If given access to the family car, consider its use a privilege, and respect my host family's guidelines for appropriate use of their car(s). I understand that I will not be covered under my host family's auto insurance should I use a car that is not owned and insured by my host family. I also understand that I am liable for up to a \$250 deductible of my host family insurance for any injury to the care that occurs when it is under my control. .

E. Enrichment Expectations.

I attest that I have chosen to enter into the Au Pair Foundation Program of my own free will, and I have done so with the intent of personal, educational, and cultural enrichment, and I agree to:

1. Complete 6 semester units in a pre-approved post secondary educational institution and maintain records of completion of these units for home country officials upon return to my country.
2. Pay for my educational expenses that exceed the \$500 financial assistance provided by my host family.
3. Return to my home country at the end of my stay on or before the termination date of my visa, and will not attempt to return subsequently to the United States without a valid and current U.S. visa.

F. Pledge of Commitment and Cooperation.

In exchange for Au Pair Foundation accepting me for the Au Pair Program, I solemnly pledge to:

1. Present myself honestly in all correspondence and documentation with Au Pair Foundation and all representatives for Au Pair Foundation as well as my host family.
2. Accept whatever host family location Au Pair Foundation may arrange for me in any area in the U.S.
3. Attend all required orientations, training, and supervision meetings as well as complete periodic program evaluations and training materials.
4. Complete all visa requirements as instructed, and be responsible for obtaining a valid passport.
5. Comply with all vaccination and immunization requirements, undergo a thorough medical examination, and provide all information requested on the Au Pair Foundation Application medical form.
6. Pay a refundable deposit fee of \$400.00 and a non-refundable \$100 application fee prior to my arrival in the U.S.
7. Forfeit my deposit and application fee, totaling \$500 if I choose not to participate in the program after I have accepted a host family placement.
8. Be present in sufficient time for transportation provided or arranged by Au Pair Foundation. I understand that Au Pair Foundation is no under obligation to provide alternative transportation, except in the case of illness or accident in accordance with their group insurance policy.
9. Make arrangements and pay for my transportation to and from my home country airport prior to my departure to the U.S. and upon my return to my home country.
10. Make arrangements and pay for my transportation from my host family's home to the U.S. international airport at the end of my program year.

Applicant's initials

G. Miscellaneous Obligations.

1. If I choose to travel during my vacation time within the one-year program term, I will inform my Community Representative and Au Pair Foundation Headquarters. If I choose to travel outside of the U.S. during the one-year program term, it is my responsibility to contact the appropriate country's embassy to determine if a visa is required for my entry into that country and I will submit my DS-2019 form to the Au Pair Foundation Headquarter Office at least three weeks prior to my travel in order for the Au Pair Foundation office to return the DS-2019 form prior my travel date.
2. I understand that I must return to my home country no later than 30 days after the last day of their one-year program term (date indicated on DS-2019 form). The J-1 visa allows for this 30-day grace period for exchange visitors to return to their home country. During this 30-day grace period the host family is not required to host the Au Pair, nor are they required to pay a weekly stipend.
3. I understand that I must confirm my return travel arrangements in writing with the Au Pair Foundation Headquarters office three months prior to my departure and pay any applicable airline charges in advance.
4. I understand that medical insurance provided by Au Pair Foundation is valid for 365 days from my arrival in the U.S.
5. I understand that I am responsible for financing my own medical insurance coverage for the thirteenth month if I choose to remain in the United States for the one month grace period.
6. I understand that I am responsible for any applicable airline surcharges or fees resulting from changing my travel itinerary.
7. I understand that should I choose to terminate my participation in the Au Pair Foundation Program prior to the end of my on-year program, term, I am bound to surrender my visa to Au Pair Foundation and must give at least two weeks notice to my host family and Au Pair Foundation.
8. If I should choose not to be placed with another family, I will forfeit my deposit fee.
9. I understand that if I commit any violation of this pledge and agreement, I may be financially responsible for any monetary penalties incurred as a result of my conduct.

H. Grievance Procedure

I understand the Au Pair Foundation Grievance Policy is that if I am unhappy with any situation or event, the first step is to tell my host family.

If the problem persists, I will advise my Community Representative verbally or in writing.

If the problem continues, I will advise the headquarters office in writing.

I. Miscellaneous Representations

1. I promise that the information I have given in the Au Pair Foundation application form, which was completed by me, is truthful and accurate.
2. I understand that Au Pair Foundation, its affiliates, agency, and employees will act on my behalf in arranging certain transportation and other services for me during my participation in the Au Pair program. I understand that none of them will be under any liability to me for any loss, damage, personal injury, delay or expense suffered or incurred by me resulting from any act or omission of any carrier, any member of the host family or any other corporate or non-corporate entity in relation to transportation to and from and within the U.S.
3. I realize there is a possibility that my first placement may end prior to my one-year term. Whether the early termination of a placement is due to the failure of the host family or me, I agree to cooperate fully with Au Pair Foundation in moving to a new family. In the event that a new family cannot be secured after a reasonable period of time, I realize I may be sent home, which may result in a forfeit of a portion of my deposit.
4. I am fully aware that my failure to abide by any of the guidelines and rules stated in this agreement or the guideline set out in the Au Pair Foundation orientation rules and regulation

Applicant's initials



regarding the conduct of Au Pairs will be grounds for my dismissal from the program, and I will be subject to immediate return to my home country and will be responsible for reimbursing Au Pair Foundation for the international airfare fee of \$700.00 and other applicable surcharges as well as the forfeiture of my application, deposit fees and visa.

5. I further agree that Au Pair Foundation or its affiliates or agents may, without liability or expense to themselves, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital for medical services and treatment or, if no hospital is readily available, may place me in the hands of a local medical doctor for treatment.

6. I authorize Au Pair Foundation to post my photograph and profile on the internet for the purposes matching me with qualified host families as an Au Pair.

7. I certify that I have never before obtained a J-1 Exchange Visitor visa for the purpose of participating in an Au Pair cultural exchange program.

8. It is agreed that U.S. Law shall apply to this agreement, and I agree to submit to the jurisdiction of the State of California courts. I have read this entire agreement carefully, and I have had the opportunity to ask questions, obtain advice as to its meaning, and I understand it. I am capable of reading and understanding this agreement in English.

J. Program Termination.

1. I understand that if I stay in the United States beyond the 30 days grace period from the date issued on my DS-2019 form (i.e.: deliberately miss my plane connection or choose to stay in country without taking the proper steps), I will suffer the following consequences:

(a) Au Foundation will file for a termination of the DS-2019, which means that the Au Pair is officially an illegal alien.

(b) All visa violations are reported to the Homeland Security Department and are entered into their systems. Local jurisdictions and states access these systems; thus, if a person applies for a driver's license or credit card or is checked by customs/immigration at an airport, by a police department, or other places, they will be reported as being in violation of the visa regime.

(c) Once apprehended, the non-returnees will be placed in a detention center until they can be returned to their home country. If they do not have the funds to pay the ticket, they will remain in detention until a family member or sponsor can provide the funds for the return airfare. They are also reported back to the US Embassy in their home country. Once back in their native country, non-returnees are denied the opportunity to receive a visa to the United States ever again. The same may reflect their family members as well.

2. Au Pair Foundation reserves the right to terminate my participation in this program if I should violate any program rules and /or if my mental and/or physical health, as determined solely by Au Pair Foundation, is in jeopardy. All of the preceding violations constitute a breach of this agreement and pledge with Au Pair Foundation, and may subject me to forfeiture of any deposits, application fees or a requirement that I reimburse host families for international airfare costs incurred.

I have read and signed a translation of this document in my native language.

Dated: Signature:

Witness:

Section 1

Applicant Name:

Date:

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**Section 1
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Section 2

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Keep a copy of this form and a pen with you at all times during the application process. Host families have been given your preferred calling hours but they could call at any time due to their work schedules. When you get a call be yourself and get as much information as you can about the family to assist you in making an informed decision.

You must return this form to your local agent at the time of matching.

Date of call Time

Name of Host family

Mother's Name Father's Name

Children names and ages

.....

Duties Required

.....

Host family location:

State City

Family interests

.....

Pets yes no what kind:

Climate of area

Local Colleges

Other important questions

.....

Date of call Time

Name of Host family

Mother's Name Father's Name

Children names and ages

.....

Duties Required

.....

Host family location:

State City

Family interests

.....

Pets yes no what kind:

Climate of area

Local Colleges

Other important questions

.....



www.AuPairFoundation.org



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