

Ireland Institute of Pittsburgh Intern Program

Candidate Program Rules and Regulations

To be read and initialed by the candidate in the spaces indicated below:

Eligibility

Ireland Institute of Pittsburgh (IIP) considers such criteria as Candidate application packet materials, age, education background, work experience, English language fluency, physical and mental health, references, essay, and personal interviews in determining whether to admit the Candidate into the program. IIP reserves the right to refuse approval to a Candidate that IIP, in its sole and absolute discretion, deems unacceptable to the program.

1. I am able to speak, read, and understand conversational English at a level that is sufficient to function on a day-to-day basis in the training/internship environment.
2. I am in good health.
3. I have received information regarding my health insurance coverage. I am aware of the coverage and limitations thereof.
4. I will obey all U.S.A. federal, state, and local laws and I will abide by all of the regulations of the J-1 Visa, if required.
5. I will attend in-person/online orientation sessions in my home country & in the USA.
6. Any illegal use of drugs or alcohol, or abuse of harmful controlled substances or illegal possession of drugs, alcohol, or controlled substances will result in my immediate repatriation.

X
Initials

Program Parameters

7. I understand that the program provides an overall understanding of American business practices. I understand that as an intern, I will perform a variety of tasks appropriate to my on-the-job training.
8. I will comply with all Host Company rules and respect the dress code of the Host Company.
9. I will carry out the duties and responsibilities of the position, which IIP has approved. It is my responsibility to advise IIP of any significant problems regarding my health, safety, welfare, adjustment to the training, culture, language, etc.
10. I understand that the assigned Host Company holds the right to dismiss me if my performance is not satisfactory. In that case, I will return home within 10 days at my own expense.
11. I will be given the opportunity to train and observe in an American organization. I understand that if I lack practical experience, it may affect the specific tasks that I will be learning.
12. I will respect the privacy of information learned during my training program.
13. I agree to complete the mid-point evaluation and final evaluation along with my superior in compliance with the program regulations.

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Initials

Financial Support

14. The Ireland Institute of Pittsburgh's J1 Intern Program expects me to earn no less than \$1500 per month (\$10 @ 37.5hrs per week pro-rated per month). If my paycheck does not amount to \$1500 per I will fwd the IIP an additional bank statement showing the balance. Failure to submit required documentation and failure to comply could lead to program termination.
15. Payment & Refund: I understand that visa fees are payable upon issuance of visa documentation. I understand that if I cancel my application after the IIP issues documentation or am denied my visa – a non-refundable portion of €250) will be retained.

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Initials

Problem Notification and Resolution

It is the responsibility of an Intern to notify the IIP of any significant problems during the program. The IIP will attempt to resolve such problems. If the intern violates any terms of this Agreement, the IIP may, in its sole and absolute discretion, terminate the intern’s participation in the program, therefore canceling the intern’s visa. The intern will have to return to his/her home country, at his/her expense.

- 16. I understand that the training program is temporary and the duration of the training program is stated on the DS-2019.
- 17. I understand that I have until 30 days after my training program is completed to return to my home country.
- 18. I have agreed to participate for the entire period as stated on the Training/Placement Plan. If I do not participate, then I am in a violation of the agreement with the Host Company and my visa may be cancelled.
- 19. In addition, I understand I cannot engage in any secondary activity, part-time job, other internship on this program – other than the experience approved by my sponsor. If I do so, I understand that my program will be terminated.
- 20. I will not accept any form of assignment other than what is authorized by the training plan without prior written approval from the IIP.
- 21. I will not terminate my training assignment with the Host Company without consulting with IIP staff for assistance.
- 22. I understand that failure to comply with program rules or giving misleading information may result in program dismissal.
- 23. I will pay for any property damages that I have caused. I will return home within 30 days of the DS-Form visa expiration or immediately if terminated from the program for violation of the sponsor rules governing the program. I understand that I cannot work or receive training during the 30-day grace period.

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Initials

Compliance with J-1 Intern Visa and Program Requirements

Failing to maintain your Intern status could result in serious consequences and may affect your ability to remain in or return to the United States.

- 24. I acknowledge that I have spoken with a representative of the IIP, and that I understand the rules of this program.
- 25. I understand that the IIP sponsorship authorizes me to participate in the program at the Host Company cited on my DS-2019. I understand that I may not seek, or carry out, any other training, internship, or employment while participating in this program.
- 26. I declare having no intention of remaining in the USA after my DS-2019 expires. I also declare that I have no intention of seeking employment during the program.
- 27. In order to activate my visa, I must contact the IIP within 1 business day upon arrival to the USA and give my contact information, copy of my passport visa, passport arrival stamp, and DS-2019
- 28. I acknowledge that I must continually update the IIP in the event that I move change accommodation during my stay in the US
- 29. I acknowledge that I understand that I must make myself available to receive a monthly call (or emergency call) from my sponsor, the IIP
- 30. IIP, in its sole and absolute discretion, reserves the right to terminate your sponsorship, and I understand that I will return home within 10 days at your own expense.

X
Initials

I declare that the information given in my Intern Program Application is true, complete, and correct. I understand and agree to the conditions that the IIP has set forth. I understand that if I do not comply with these program rules, the IIP has the right to withdraw its sponsorship and I will be required to leave the USA immediately.

Full Name of Intern (Please Print)

Signature of Intern

Date