

# DS-2019 Request Packet J-1 Scholars

This packet is for J-1 Scholars who are classified as Research Scholars, Short-term Scholars, Professors, or Specialists. The J-1 program is for temporary visits to the U.S. for the purpose of teaching, instructing or lecturing, observing, conducting research, consulting, or demonstrating special skills.

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## J-1 Scholar Information and Regulations

1. **Categories:** This packet is for J-1 Scholars who are classified as Research Scholars, Short-term Scholars, Professors, or Specialists. The J-1 program is for temporary visits to the U.S. for the purpose of teaching, instructing or lecturing, observing, conducting research, consulting, or demonstrating special skills.

	<u>Maximum Length of Stay:</u>
Research Scholar	5 years (60 months)
Short-term Scholar	6 months
Professors	5 years (60 months)
Specialist	1 year (12 months)

***Note:** The primary purpose of the J-1 scholars programs is for academic exchange. Therefore, J-1 visas are not appropriate for tenure-track positions. However, it is important to note that a J-1 scholar may hold a position normally classified as tenure-track, so long as the position will be temporary for the J-1 scholar.*

2. **12 Month Bar:** Anyone who has been in the U.S. in any J category for more than 6 months is barred from re-entering the U.S. as a J-1 Research Scholar or Professor for 12 months following the completion of his/her program or stay. This regulation does not apply to Short-term Scholars.
3. **24 Month Bar:** Anyone who has been in the U.S. as a J-1 Research Scholar for 24 months following the completion of his/her program or stay. This only applies to those who completed programs after 11/17/2016.
4. **Academic Credentials:** The department must ensure that the J1 Scholar has the appropriate academic credential to perform the proposed activity.
5. **English Proficiency:** Federal Regulations require all exchange visitors to possess sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, to successfully participate in his or her program and to function on a day-to-day basis. The host department must verify the visitor's English language proficiency through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the department either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option. Please keep in mind that a consular official may deny a foreign national a J-1 visa if they deem their English language skills to be inadequate (22 CFR 62.10 (a)(2)).
6. **Lead Time:** Please submit all attachments at least 90 days before the intended start date of the program. This allows time for Certificate of Eligibility and other processes to be completed

and the DS-2019 to be issued and forwarded to the proper departments as well as the prospective scholar who must then apply for an entry visa at the U.S. Consulate.

7. **Evidence of Financial Support:** If the J1 Scholar's support is from a source other than UCCS, evidence of funding must be included with this request. If supported by government or international funds, an official statement translated into English with funds must be provided. If the scholar is providing his/her own support, an example letter of support is in this form to include with a current bank statement translated into English that is dated within the last 90 days. Sufficient financial support is required for a J-1 Scholar. J-2 dependents who accompany the J-1 Scholar require additional funding. Proof of funding must be provided before any DS-2019 documents will be issued. Financial documents must show proof of support for the entire length of stay. The amount required is **minimum \$1960 per month** for the duration of the program. See Appendix E for more information.
8. **Begin a New Program:** To "begin a new J-1 program" usually means the J-1 Scholar will come from his/her home country of citizenship or residence directly into the U.S.
9. **Transfer:** To "transfer" to UCCS means the Scholar is already in the U.S. at another institution and is invited to transfer to a program at UCCS within the same category and field. Copies of all Forms DS-2019 issued by other institution(s) must be attached to this form. Please submit a "transfer" request with a lead time of six weeks to provide time for UCCS to obtain an official release from the current institution.
10. **Insurance Requirement:** Health and accident insurance coverage is federally mandated for all J-1 Scholars and their dependents while they are in the U.S. The J-1 Scholar Insurance Attestation must be completed prior to issuing the DS-2019. Detailed insurance requirements are listed below.
11. **C.V./Resume:** An up-to-date CV or resume must be attached to the J-1 Request Form.
12. **Passport:** Attache a legible copy of the ID page(s) of the passport for the J-1 Scholar and any dependents accompanying to the U.S. if applicable.
13. **Part B: (Scholar Profile)** should be completed and signed by the J-1 Scholar, if original is not immediately possible a fax or scanned copy is acceptable. If the information is obtained by email, a departmental designee should sign to verify its accuracy. Please obtain all the information and compile all the attachments before submission.

## Departmental Checklist

Please email the completed J-1 Scholar request materials as an attachment in one (1) email to international@uccs.edu.

Completed J-1 Scholar Packet to include:

### *Department Materials*

- Invitation Letter with correct dates, duties (See template)
- DS-2019 Request Form – Part A, complete and correct
- English proficiency certification with accompanying proof
- Department Agreement of Understanding
- Proof of financial support (if employed in department)
- POI Worksheet
- Volunteer Agreement and Waiver (if applicable)

### *Scholar Materials*

- DS-2019 Request Form – Part B, complete and correct
- Copy of passport and dependent passports if applicable
- C.V. or resume
- Proof of financial support (scholar personal funds and/or sponsor letter)
- Health Insurance Compliance Attestation (and eventually proof of J-1 compliant health insurance for J-1 and any J-2 dependents)



### REMINDERS

- Please connect with Human Resources if this is a UCCS paid position for the necessary hiring paperwork and steps.
- A Person of Interest (POI) form for the visiting scholar must be completed by the department in order for the J-1 scholar to receive access. **In addition, this must be completed prior to DS-2019 issuance.**
- A Risk Management Volunteer/Visitor waiver is required for all unpaid scholars, completed in the sponsoring department (provide copy to International Affairs). See Appendix D.
- A background check is required of all scholars. Please contact Melinda Utoft in HR at [mutoft@uccs.edu](mailto:mutoft@uccs.edu) for forms.
- A check with the UCCS Office of Sponsored Programs and Research Integrity will be requested by International Affairs. Any applicant or applicant sponsor/employer showing up as a 'match' on a restricted party list (RPS) will need to be approved by campus leadership before International Affairs is able to issue any immigration documentation.

## Department Agreement of Understanding

### ***Department Responsibilities***

Departments are expected to provide workspace, library, computer access, an ID card, and a documentable cross-cultural interaction between the J-1 scholar and the department, the campus, and the community. The DS-2019 issuance processing relies on departments to refer any concerns about visa status, orientation to the campus and community, insurance or other matters to us. Departments are also required to:

1. Notify the International Affairs office if the J-1 Scholar will not arrive within 30 days of the begin/start date listed on the DS-2019.
2. Arrange an appointment for the J-1 Scholar with the International Affairs office for the mandatory immigration check-in.
3. Notify the International Affairs office when the J-1 Scholar completes his/her program.
4. Report any change or addition of the purpose of visit and description of duties to the International Affairs office.
5. Mail the DS-2019 and packet directly to the scholar. Please do not scan and email the DS-2019 to the scholar.
6. Notify the International Affairs office of any changes in dates so that the DS-2019 can be updated. Failure to do so can result in the J1 participant being unable to enter the country. It is essential that the scholar arrive at UCCS no later than the start date on the DS-2019 and report to the department.
7. Arrange an appointment for the J-1 Scholar with the International Affairs office at the end of the scholar appointment, for exit paperwork and advising.

I have read and understand the above information.

\_\_\_\_\_  
Supervising UCCS Official/Faculty/Administrator Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DS-2019 Request Form**  
**Part A: To be completed by sponsoring department**

***Departmental Contact Information***

Department Inviting J-1 Scholar: \_\_\_\_\_

Staff or Faculty Member Completing this Form: \_\_\_\_\_

\_\_\_\_\_  
 Name of Faculty/Staff Sponsor

\_\_\_\_\_  
 Faculty/Staff Sponsor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty E-mail

\_\_\_\_\_  
 Faculty Phone #

\_\_\_\_\_  
 Name of Department Chair

\_\_\_\_\_  
 Department Chair Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Administrative Contact's Name

\_\_\_\_\_  
 Department Administrative E-mail

\_\_\_\_\_  
 Phone Number

Please indicate where you would like the DS-2019 sent once it is issued:

Campus mail to the department  
 Attention: \_\_\_\_\_

Notify department to pick up

Speedtype for Administrative Costs (mailing and background check) \_\_\_\_\_

***Scholar Information***

\_\_\_\_\_  
 J-1 Scholar Surname/Family Name

\_\_\_\_\_  
 J-1 Scholar Given Name/First Name

This request covers the period from exact dates : \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yyyy) (mm/dd/yyyy)

Please Check (one):

*Begin a New Program*

*Extend Current Status*

*Transfer to UCCS*

Please Check (one):

*Research Scholar*

*Short-term Scholar*

*Professor*

*Specialist*

*Intern*

Site of Academic Activity: \_\_\_\_\_  
 Name of Department/institute

\_\_\_\_\_

Address or department building

\_\_\_\_\_

Address or department building

Please describe briefly the activity to be performed by the J-1 Scholar during his/her program. Identify the specific research area or area of instruction and/or study.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scholar Financial Support**

During the period covered by the request, financial support will be provided to the J-1 Scholar by (check all that apply). Minimum of \$1960/month (total from all sources) is required. See Appendix E.

**UCCS** (check one):  **has** OR  **has not** received funding for international exchange from one or more U.S. government agencies to support this J-1 Scholar. This does not apply to federal grants awarded to UCCS, unless the grant is specifically for international exchange (for example, Fulbright).

A: University of Colorado Colorado Springs \$ \_\_\_\_\_  
Enter \$0 or Amount from UCCS

Financial support from organizations other than UCCS will be provided by  
 (complete all that apply to the J-1 Scholars Financial Support):

- B: U.S. Government Agency: \_\_\_\_\_ \$ \_\_\_\_\_
- C: International Organization: \_\_\_\_\_ \$ \_\_\_\_\_
- D: The J-1 Scholar's Government \$ \_\_\_\_\_
- E: The Bi-national Commission in the Scholar's Country \$ \_\_\_\_\_
- F: Other Organization Providing Support: \_\_\_\_\_ \$ \_\_\_\_\_
- G: J-1 Scholar's Personal Funds \$ \_\_\_\_\_



## DS-2019 Request Form

### Part B: *To Be Completed by Scholar*

Department inviting J-1 Scholar: \_\_\_\_\_

#### ***Biographical Details***

\_\_\_\_\_  
Surname from passport

\_\_\_\_\_  
Given Name(s) passport

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
(Foreign) \_\_\_\_\_

\_\_\_\_\_  
Gender (male/female)

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
City of birth

\_\_\_\_\_  
Country of birth

\_\_\_\_\_  
Country of citizenship

\_\_\_\_\_  
Country of legal residence

\_\_\_\_\_  
Highest degree earned

\_\_\_\_\_  
Field of study/specialty

\_\_\_\_\_  
Title of position in home country

\_\_\_\_\_  
Name of employer/institution

\_\_\_\_\_  
Type of employer/institution (university, private company, local government)

List all previous periods of J status (attach a separate sheet if necessary) and include all copies of DS-2019:

_____ J-1 Program Sponsor	_____ Start date	_____ End date	_____ J Category
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#### ***Statement of Understanding***

*UCCS strongly advises J-1 exchange visitors to purchase insurance prior to their visa interview in the event proof of insurance is asked for during the review.*

*I certify that the information provided is true and accurate to the best of my knowledge:*

\_\_\_\_\_  
Signature of J-1 Scholar

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

**Dependent Information**

Scholars need to have at least \$1960 for each month of their stay. If dependents (spouse and unmarried children under age 21) will come to the U.S. in J-2 status, please provide evidence of sufficient financial support and insurance coverage (at least \$8000 for a dependent spouse and \$6000 for each dependent child per year – prorated monthly if necessary):

Biographical information must match passport exactly:

Spouse

Gender (Female or Male):
First (given) name:
Last name/surname:
Middle name(s):
Date of birth:
City of birth:
Country of birth:
Country of citizenship
Country of legal residence:

Child 1

Child 2

Gender (Female or Male):
First (given) name:
Last name/surname:
Middle name(s):
Date of birth:
City of birth:
Country of birth:
Country of citizenship
Country of legal residence:

If the dependents will be arriving separately in the U.S. from the scholar, please indicate the exact date they will arrive: \_\_\_\_\_

## Statement of Compliance with J-1 Exchange Visitor Health Insurance Requirements

J1 Exchange Visitors and their dependents must be covered by sickness and accident insurance for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. These United States Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14].

Health insurance, from an insurance provider acceptable according to DOS regulations, or alternatively, backed by the full faith and credit of the government of the Exchange Visitor's home country, must provide the following minimum coverages:

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.

The regulations continue: "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above . . . or who makes a material misrepresentation to the sponsor [University of Colorado Colorado Springs] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." [22 CFR 62.14(h)]

As a J-1 Scholar, I understand the insurance regulations as stipulated by the DOS, and I certify that I will have acquired the required insurance prior to my arrival and I will enroll in an insurance plan or combination of plans to meet the specifications immediately upon my arrival. I will provide proof of my J-1 compliant insurance to the International Affairs office at my check-in upon arrival. I further certify that I will also enroll all dependents who currently accompany me, or who follow to join me in J-2 visa status.

I also understand that if I willfully fail to purchase appropriate insurance coverage, the University is obligated to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in the loss of legal immigration status.

J-1 Scholar Name Printed: \_\_\_\_\_

J-1 Scholar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix A Sample Invitation Letter

*Below is an example of the invitation letter that the department must provide to invite the scholar to participate in a J-1 Program. Please compose on letterhead and include all sections/headings.*

Dear Dr., Mr., Mrs., \_\_\_\_\_,

I am pleased to offer you a position/invitation as a (research scholar/post-doctoral/professor/short-term scholar) \_\_\_\_\_ (department/program) with an effective date of \_\_\_\_\_ and continuing through \_\_\_\_\_ (end date). This offer/acceptance is subject to your satisfying all the requirements of the J-1 Visa Program sponsored by the University of Colorado, Colorado Springs, as well as applicable to federal regulations. This offer is also extended with the understanding that you have adequate command of the English language to participate in the J-1 program.

### ***Purpose and Limitation of the J-1 Exchange Visitor Program***

The broad purpose of the Exchange Visitor Program is to promote international educational and cultural exchange, in order to develop mutual understanding between the people of the United States and other countries. Exchange programs exist in a variety of formats and permit visitors to come to this country for a wide range of activities. This school's Exchange Visitor Program provides opportunities for study and research.

Many participants in the J-1 program are subject to a requirement that they return home for a minimum of two years upon completion of their program. The purpose of the requirement is to have the home country benefit from the Exchange Visitor's experience in the United States. Exchange visitors come to this country for a specific objective such as a program of study or research project. The requirement is intended to prevent a participant who is subject from staying longer than necessary for the objective, and to ensure that he/she will spend at least two years in the home country before coming back to the United States for a long-term stay. The terms of this requirement are specified on the black and white copy of the DS-2019 form. If you have any questions about the requirements, please raise them with the Consular Office when you apply for your visa.

### ***Description of Duties***

During your stay, your duties and responsibilities are as follows: \_\_\_\_\_  
\_\_\_\_\_. Your normal hours of work or study are \_\_\_\_\_ at the  
location of \_\_\_\_\_

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*(Please insert a statement here regarding the general overview of your specific program)*

### ***Financial Statement of Support (Please select one of the three alternate sentences of financial support)***

Option 1:

The department of \_\_\_\_\_ will provide a salary support for you in the amount of \$\_\_\_\_\_ (monthly/annually).

Option 2:

Your home government/institution will provide financial support in the amount of \$\_\_\_\_\_ (monthly/annually). You must provide appropriate written documentation of this support signed by the appropriate official when you return this letter.

## Appendix A-Continued Sample Invitation Letter

Option 3:

You will provide your own funding for this exchange experience in the amount of \$\_\_\_\_\_ (monthly/annually). You must provide written documentation (i.e. bank statement) that you have adequate funds. Foreign statements must be translated into English.

***Insurance Coverage. Failure to Maintain Insurance Coverage Will Result in immediate termination of your DS-2019.***

Federal regulations require that all J-1 participants and their dependents have adequate medical/life insurance coverage that provides: \$100,000 of coverage per accident or illness that may include a deductible of up to \$500. \$25,000 for repatriation of remains and \$50,000 for emergency evacuation back to your country. You will be required to provide such proof upon arrival during your mandatory check-in with the International Affairs office.

We look forward to your arrival on our campus. If you need recommendations for accommodation, please contact the International Affairs office at [international@uccs.edu](mailto:international@uccs.edu).

Sincerely,

Signature and Signature line for your department

## Appendix B Scholar Tips for Visa and Travel

### **Applying for a J-1 Visa**

To apply for a J-1 visa at a U.S. consulate, you will need to present the items listed below. Please note that you must arrive at UCCS no later than the start date on your DS-2019.

1. Passport that is valid for travel for at least 6 months beyond the applicant's intended period of stay in the U.S.
  2. Original Form DS-2019 from UCCS
  3. Letter of invitation from UCCS Academic Department
  4. Proof of financial support
  5. Proof of proficiency in the English language
  6. Form DS-160 "nonimmigrant visa application" This form is available without charge at all consular offices and must be completed online:  
<https://ceac.state.gov/genniv/>
  7. Passport sized photographs
  8. Visa application processing fee
- Additional items for J-2 dependents if any:*
9. All of the above listed items
  10. Proof of familial relationship (marriage certificate, birth certificate(s) translated into English)
  11. Form DS-2019 for each dependent

### **Pre-Travel Reminders:**

- \_\_\_\_ Send a copy of the completed travel itinerary to the UCCS hosting department
- \_\_\_\_ Send a copy of your approved visa to the UCCS hosting department

**Arrival and Orientation:** Upon your arrival in the United States you must contact your faculty sponsor who will provide you with a general orientation to Colorado Springs and your specific program.

Once you have made your initial contact with your faculty sponsor you must make an appointment with the International Student/Scholar Advisor, located in Copper House 9202 in the International Affairs office for SEVIS check in and SEVIS orientation with your passport, visa, I-94, DS-2019, and proof of J-1 compliant health insurance. This is mandatory and your DS-2019 can and will be cancelled if this is not done within 30 days of your program start.

## Appendix B Continued Scholar Checklist for Visa and Travel

**Travel** – The closest airport is the Colorado Springs Airport (COS)  
<http://www.springsgov.com/airportindex.aspx>.

**Planning is the key!** Think several weeks in advance about what you will need for your trip and assemble it. Make several copies of all of your important documents. These include all of the documents that you've been issued and the pages in your passport showing your biography information. Keep one set of copies in your carry-on luggage, one set in your checked baggage and leave a set at home with someone who can send them to you quickly if needed.

**If you travel outside of the U.S. during your program** please make sure your visa or passport is not going to expire. If it has or will expire while you are outside of the country, you will need to apply at the consulate to have it renewed before re-entry in the U.S. If you have changed your visa type since your entry into the U.S., you will have to apply for an updated visa at the consulate before re-entry.

**Please remember:** It can take several weeks to apply for a visa. Make an appointment with the U.S. Embassy/Consulate in the country you are traveling to BEFORE you leave the U.S. It may take 3-4 weeks just to get an appointment.

If you are traveling outside of the U.S. to a country OTHER than your home country, call the embassy of that country to learn if you need a visa to enter that country. If so, ask for the requirements, cost, and time frame to apply for that visa. Keep in mind the above-mentioned time frames.

**Traveling within the U.S.:** When outside the Colorado Springs area it is a good idea to carry your original immigration documents with you. Please do not travel outside the U.S. with a pending USCIS application. You risk having the application cancelled.

## Appendix C: English Proficiency Certification

### J-1 Exchange Visitor English Proficiency Certification

J-1 regulations require sponsors to determine that prospective scholars have sufficient proficiency in the English language to participate in their program. [22 CFR 62.10(a)]. A sponsor must verify an applicant’s English language proficiency through a recognized English language test, by signed-documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in – person or by videoconferencing, or by telephone if videoconferencing is not a viable option. This form must be completed, signed, and dated by the department.

Applicant’s First Name, Middle Initial & Last Name	Country of Citizenship

English proficiency is documented by one of the following (Select at least one and/or more, if applicable):

- A recognized English language test (For example: this can be Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS)). If this is selected, please attach supporting documentation.
  - TOEFL: Minimum score of 500 (paper-based), 173 (computer-based), or 61 (internet-based)
  - IELTS: Minimum overall band of 6.0 with no band below 5.5
  
- Signed documentation from an academic institution or English language school (If this is selected, please attach supporting documentation).
  
- A documented interview conducted by the sponsor either
  - In person
  - Videoconferencing
  - Telephone if videoconferencing is not a viable option
 (See sample English Proficiency Interview Form for your reference)

Certification by UCCS HOST faculty member		
I certify that _____ (scholar’s name)’s English is adequate for the proposed project objective and is sufficient for him/her to function on a day-to day basis in an English speaking environment.		
<b>Evidence of the measurement of the applicant’s English language proficiency has been retained and can be made available to the U.S. Department of State upon request.</b>		
_____ <b>Printed Name</b>	_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Title</b>	_____ <b>UCCS Department Name</b>	_____ <b>E-Mail Address</b>



### English Proficiency Interview Form

This form is a sample of documentation for an English Proficiency interview and should be completed by the host faculty supervisor at University of Colorado Colorado Springs that will sponsor the J-1 Exchange Visitor, before the DS-2019 request application is completed.

Name of individual interviewed (Last, First)	Date of Interview
Interviewer #1 Name (Last, First)	Interviewer #2 (Last, First) (Optional)
Interviewer #1 is a : <input type="radio"/> Department Representative <input type="radio"/> Host Faculty Supervisor at UCCS	Interviewer #2 is a : <input type="radio"/> Department Representative <input type="radio"/> Host Faculty Supervisor at UCCS
The interview was conducted: <input type="radio"/> In person <input type="radio"/> Videoconferencing <input type="radio"/> Telephone if videoconferencing is not a viable option	The interview was conducted: <input type="radio"/> In person <input type="radio"/> Videoconferencing <input type="radio"/> Telephone if videoconferencing is not a viable option
Signature _____	Signature _____
Title _____	Title _____

Below are some sample questions for your reference. The host faculty supervisor can adapt questions according to the research/project objectives/needs to determine whether the applicant is proficient in the English language:

1. Describe how your past experience, education and language study have prepared you to have the ability to operate in an English-speaking environment in your occupational field.
2. Explain why you feel that you possess the adequate English language skills to successfully participate in the J-1 program.
3. What knowledge do you seek to gain concerning the American culture and its society and how will you share this knowledge when you return to your home country?

## Appendix D: Volunteer Agreement and Waiver

- *Submit completed and signed forms in sponsoring department and provide copies to the International Affairs office. Originals should be retained in sponsoring department.*

### Volunteer Agreement and Waiver

Volunteer's Name	
Address	
City/State/Zip	
Date	

**Please complete all of the grey fields.**

The University of Colorado welcomes you as an authorized volunteer in the enter department at the University of Colorado.

The scope of your volunteer activities includes: describe volunteer activity OR attach a written activity description.

As a CU volunteer, you will  will not  have to undergo a background check.

Your university activities span enter dates and times they are to be on campus working between the hours of enter start and end time of each day.

Your volunteer coordinator will be insert name, title and contact information.

You will be required to have the following trainings and follow the location specific safety requirements.

Identify and list appropriate training, e.g. FERPA, HIPAA, BBP, hazardous chemicals, personal protective equipment, IT security.

As a volunteer you are not an employee or contractor as determined by FLSA 29 CFR §553.103 and will not be compensated monetarily for your volunteerism. There is no expected work product. You are not eligible to receive workers' compensation but general liability insurance is provided during the period for which you are acting in the capacity of an authorized volunteer.

#### Volunteer Emergency Contact Information

Emergency contact names and phone numbers

## University of Colorado Notice of Risk and Waiver of Responsibility Agreement

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The Colorado Workers' Compensation Act (C.R.S. § 8-40-202) provides that a volunteer is not an employee for workers' compensation purposes. Therefore, as a volunteer, you are not an employee or agent of the University of Colorado for workers' compensation purposes. You are not entitled to receive workers' compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care.

Separate and apart from workers' compensation, pursuant to the Colorado Governmental Immunity Act (C.R.S. § 24-10-103(4)(a)), an authorized volunteer is defined by as a "Public Employee" for governmental immunity purposes only.

Use of a privately owned vehicle, including the operation or as a passenger, may be an option while participating in the volunteer activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicles.

If I am a current University of Colorado (CU) employee, I certify that this volunteer activity is not the same or similar to my duties as a CU employee.

I exercise my own free choice to participate in the designated activity. I understand and assume all associated risks. These risks include, but are not limited to include risks specific to volunteer activities.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated volunteer activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my volunteer activities.

I hereby certify that I have read and understand the provisions above.

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Volunteer Signature

Date

---

Approved By Name/Department

Date

## University of Colorado Volunteer Confidential Disclosure Agreement

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I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the enter department personnel.

In the course of this volunteer experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the enter department and University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover while volunteering is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am volunteering or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Standards") and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Standards"). I further agree that after my volunteer activity is completed, I will return to enter department any and all documents and copies that I have in my possession that contain Confidential Information.

I hereby certify that I have read and understand the provisions above.

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Volunteer Signature

Date

## University of Colorado Photo Release Form

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I hereby grant the University of Colorado unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or videographic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own or my child's name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

Enter person's description

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Print Name

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Volunteer Signature

Date

## Appendix E: Estimated Expenses and Required Financial Documentation

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Housing:	\$1385/month
Personal Expenses:	\$387.50/month
Transportation, misc:	\$187.50/month
<b><u>TOTAL:</u></b>	<b><u>\$1960/month minimum (from all sources)</u></b>

Provide clear copies of all financial documentation, with English translation and currency conversions as applicable. Documentation must be current and for the length of the proposed program.