

# **BUNAC Work Canada**

## **Program Application Form**



### **INSTRUCTIONS**

It is very important that you have a thorough understanding of the program you are applying for. Please see the main website at [www.bunac.org](http://www.bunac.org) for full program details including eligibility requirements. We really want to be sure that you know what each program is (and is not) so you can make an informed choice. You can also request a brochure online or obtain a copy from your campus Careers/Study Abroad office.

### **FLIGHTS**

With BUNAC, you always have the choice to book your travel through any agent you wish. Please balance price against flexibility, especially the ability to change the return date and/or routing (most participants do one or the other or both). Make sure that the airline/agent has a local office in your destination country.

### **PROGRAM CANCELLATION CONDITIONS**

When you sign the application form, you are agreeing to the published program conditions including cancellation terms. For ease of reference, these are summarized below – please read them carefully.

If you have any questions at all, please call us toll-free during regular (East Coast) office hours at 1-800-GO-BUNAC.

*N.B. In all cases, a cancellation must be received in writing and is only effective from the date we receive it. Remember also that separate cancellation fees and conditions will undoubtedly apply to any flight bookings you make.*

If you cancel from the program before your Certificate of Participation has been issued, there will be a US\$100 program cancellation fee. If you cancel from the program after your Certificate of Participation has been issued, there is no refund.

# BUNAC Work Canada

## Program Application Form 2010



<b>I. Personal Details</b> <small>(please print or type)</small>		<small>to be completed by the applicant</small>
Last Name (as in passport): _____ First Name(s): _____ Mr/Ms _____		
Birth date: Month _____ day _____ year _____ I am a US citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Place of birth (city, state, country): _____		
Current U.S. address to which documents should be sent: <small>(signature required on receipt / no PO boxes)</small> Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____ Cell #: _____	Permanent address (if different): Street: _____ Town: _____ State: _____ Zip: _____ Telephone: _____	
I will be at my current U.S. mailing address until (date): _____		
Please provide valid e-mail addresses: _____		
Do you currently hold a US passport with at least 3 empty pages (excluding amendment pages)? Yes <input type="checkbox"/> No <input type="checkbox"/> (I am applying for one.)		
If yes, what date does your passport expire? Month _____ day _____ year _____ Passport number: _____ <small>(Passport must be valid for at least 6 months after the date you plan to leave the country you are applying to go to.)</small>		
Are you currently a student or have you been one within the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
University/college: _____ Field of study/major: _____		
Year of study: _____ Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post graduate student <input type="checkbox"/>		
Expected date of departure from the US: Month _____ day _____ year _____		
Are you traveling directly to the country where you are working? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I will enter Canada on _____ and plan to stay for _____ months		
Is your 'semester of eligibility' a study abroad program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, through which school? _____ In which country?: _____		
Do you have a pre-arranged job? Yes <input type="checkbox"/> No <input type="checkbox"/> Means by which job was secured: _____		
If yes, please give name/address of employer: _____		
Have you participated previously on a BUNAC Work Abroad program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one? _____		
If yes, previous length of stay from: Month _____ day _____ year _____ to: Month _____ day _____ year _____		
How did you hear about BUNAC Work Abroad programs? _____		
Have you ever been denied a visa or refused entry to any country? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a separate sheet with explanation.)		
Have you ever overstayed a visa or been deported from any country? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a separate sheet with explanation.)		
Have you ever been charged or convicted, or are you under criminal investigation for offenses against the law in any country? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details: _____		
Applicant's emergency contact: _____ Relationship: _____ Telephone: _____		
Address if different from permanent address: _____		
_____		

Declaration: I have read and understand all the program rules, guidelines and eligibility requirements as set out in the BUNAC Work Abroad brochure or on the website at: [www.bunac.org](http://www.bunac.org) and understand and agree that BUNAC reserves the right to reject an application at any stage. To the best of my knowledge, I am eligible for my chosen program. I enclose a money order or cashier's check in the correct amount for the program fee. I further declare that all of my statements on this form are true and I recognize that any false declaration on my part, or submission of documents which I know to be inaccurate, may result in the forfeiture of my place on the program with no refund of my fee or of any consequential expenditure. I also agree to abide by the program insurance requirements, to take with me the requisite amount of personal funds and to have immediate access to more funds as stipulated under the program conditions. I agree to attend an orientation on arrival and to abide by all program rules including those written in the brochure and in the program materials provided in the USA and by my host organization on arrival. In addition, I know of no reason why I would be refused a visa for the country I am going to on the BUNAC program.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. College/University Declaration

### Work Canada Applicants

Student ID#: \_\_\_\_\_

To be completed for current students who are physically present and studying at a university/college in the US.

Name of College/University: \_\_\_\_\_

Registrar's telephone number: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is/was enrolled and expected to complete at least eight credit hours at the above named institution during: Fall 2009 Semester  Spring 2010 Semester  Fall 2010 Semester  and is/was pursuing coursework leading to a degree. (Registrar, please check current and any completed semesters.)

**Please note that applicants not on a semester system, or those on a semester abroad, must submit a copy of their official transcript.**

Registrar's signature: \_\_\_\_\_ Date: \_\_\_\_\_

College/University Seal:

## 3. Program Reference

To be completed by a recent employer or current college instructor or counselor who has known you for at least six months (cannot be a family member).

Name of applicant for BUNAC program: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

General comments: \_\_\_\_\_

Please evaluate the applicant as to: Ability to accept supervision: excellent  good  fair  poor

Ability to get on with others: excellent  good  fair  poor

Ability to adapt to new situations: excellent  good  fair  poor

Would you recommend this person as a suitable participant on an international exchange program? Yes  No

Please explain: \_\_\_\_\_

Referee's details: Name: \_\_\_\_\_ Mr/Ms: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job title: \_\_\_\_\_

Institution/company: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Referee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If possible, please endorse with a company/college stamp.*

# BUNAC Insurance Declaration Form



Working Adventures Worldwide

Full policy details can be viewed and downloaded from [www.bunac.org/forms/insurance.aspx](http://www.bunac.org/forms/insurance.aspx).

Please read the instructions below for your program.

**Work Canada: Minimum purchase is 3 months regardless of the length of your stay; maximum purchase is 6 months. BUNAC insurance is mandatory for Work Canada participants. Fill out Section 1, sign/date the Warranty, and sign/date Section 3 below - Work Canada applicants.**

## Section 1. Insurance Purchase

Please indicate below how many months of travel insurance you wish to purchase and enclose the corresponding insurance premium. Payment should be in the form of a money order or cashier's check made payable to BUNAC USA (no personal checks please). A single money order or cashier's check covering both the program fee and the insurance premium is acceptable.

3 months - \$189       4 months - \$239       5 months - \$289       6 months - \$329

Premiums are valid for departures up to December 31, 2010.

Name (please print): \_\_\_\_\_

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

I am purchasing \_\_\_\_\_ months travel insurance to cover me while on the *Work Canada* program.

Please make my policy effective: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Enclosed is my money order/cashier's check made payable to BUNAC USA in the amount of \$ \_\_\_\_\_ in full payment of the premium.

## Section 2. Warranty (this section must be completed by all applicants purchasing travel insurance)

I hereby confirm that I am not traveling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

Signature: \_\_\_\_\_ Age (at date of travel): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if applicant is under 21): \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3. Work Canada Applicants

If I extend my stay beyond this period, I hereby guarantee I will purchase additional coverage from BUNAC to cover the duration of my time in Canada. If my existing policy expires and I fail to extend my coverage, I understand that my work permit will be void and my participation on the program will terminate. I further indemnify BUNAC and SWAP against any liability whatsoever. Moreover, I accept full personal financial responsibility for any incident which may arise and would otherwise be covered under the *Work Canada* insurance policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application Checklist

BUNAC aims to process all program applications in a timely fashion. To enable us to do this, we need to have complete information at the application stage. You can use the program checklists below to ensure that you have included all the necessary documentation. If you have any questions about any aspect of the application process, please call BUNAC on: 1-800-462-8622.

## Work Canada Application Checklist

Please send:

- Completed *Work Canada* Application Form
- Proof of eligibility - copy US passport information page
- Proof of Student Status (Part 2) with raised seal, or your unofficial transcript, an official transcript or a signed letter from your school on official stationery
- Reference (Part 3)
- A money order or cashier's check in the amount of \$380\* made payable to BUNAC USA\*\* (combined program fee plus Canadian Government entry fee)
- Proof of \$700 support funds in the form of a bank statement which is either your own and shows your name, date and balance; or a parent's along with a statement from them confirming that funds will be available to you on request
- Insurance Declaration and applicable premium in the form of a money order or cashier's check payable to BUNAC.

\*Subject to change due to fluctuations in exchange rates.

\*\*Applicants located in Alaska, Hawaii or Puerto Rico need to send an additional \$10 to cover extra courier fees.

Please sign and return the application form, along with all other program documents to:  
**Work Canada, BUNAC, PO Box 430, Southbury CT 06488**

If you are using courier or overnight mail, send to:  
**Work Canada, BUNAC, 88 Main Street South, Suite A101, Southbury CT 06488**  
Telephone: 1-800-462-8622 Fax: (203) 264-0251

