

**Addendum to Intrax Work Travel Program Terms and Conditions  
-“Walk-In” Summer 2009-**

Applicant Name: \_\_\_\_\_

Applicant Intrax ID Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

I understand that Intrax Work Travel (“IWT”) and FOSTER have authorized me to participate in the Intrax Work Travel “Walk-In” program and travel to the United States without a pre-arranged job.

By signing below, I indicate my understanding and agreement with the following terms:

- I will complete the IWT Check-In process within three (3) days of my arrival to the United States.
- It is my responsibility to find an eligible Work Travel job upon arrival in the United States.
- If I am unable to secure employment within 10 days of my arrival to the United States, I will contact IWT with an update on my progress.
- Immediately after finding a job in the United States, I will report my new employment information to IWT by completing the Independent Placement Agreement online at:  
<https://icd.intraxinc.com/intrax/ext/icdripa/loginForm.action>
- I understand that failure to keep IWT informed of my current employment details or job hunt progress can result in program termination.
- I understand that IWT will contact my prospective employer to verify employment details and that IWT reserves the right to reject my job if for any reason it is an unauthorized employer or job type.
- I currently have two (2) employer contacts in the United States through which I can seek work upon arrival.
- I verify that my English is Advanced and I feel comfortable using English to find my own job.
- I understand that I must be able to financially support myself from my arrival in the United States until I find a job and receive my first paycheck. Therefore, the minimum amount that I will be taking with me to the US in cash and/or traveler’s checks is \$1000. I will also have access to additional funding as necessary. I understand that possible Social Security delays (up to 4-6 weeks) might not allow my host company to pay me until I am issued a Social Security card.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (Day/Month/Year)