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| chf_logo_gold | **CHF EXCHANGE TEACHER APPLICATION** ***Cordell Hull Foundation for International Education*** 45 Rockefeller Plaza, 20th Floor, New York, NY 10111 Website:  www.cordellhull.org     Telephone: 646-289-8620      **email:** [**CHFNY@aol.com**](mailto:CHFNY@aol.com)Fax: 646.349.3455 |

**Complete this application in either French or English.**

# INSERT SMALL PHOTO HERE

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| **PERSONAL INFORMATION** | |
| **Name of school where hired in USA** | **State where hired** |
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| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
|  |  |  |
| **Gender** | **Date of Birth - Month spelled out – Day - Year** | **City of Birth** |
| Male  Female |  |  |
| **Country of Birth** | **Citizen of** | **Legal resident of** |
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| **Address in Home Country** |

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| **Home Phone** | | **Work Phone (include city and country code)** | | | | | | | **Fax** |
| **Email address** | | | | | | **Address in the U.S. (if applicable)** | | | |
| **Marital Status** | | **Years Married** | | | | | | | **Religion** |
| **FAMILY INFORMATION**  : **4 MAXIMUM** | | | | | | | | | |
| **Total number of family members being requested to accompany you to live in the U.S. (spouse & children only):  3 MAXIMUM over the age of 2:** | | | | | | | | | |
| **Family Member # 1** | | | | | | | | | |
| **Name of family member** | | | | **Relationship** | | | | | |
| **Date of Birth** | **City of Birth** | | | | | | **Country of Birth** | | |
| **Family Member # 2** | | | | | | | | | |
| **Name of family member** | | | | **Relationship** | | | | | |
| **Date of Birth** | **City of Birth** | | | | | | **Country of Birth** | | |
| **Family Member # 3** | | | | | | | | | |
| **Name of family member** | | | | **Relationship** | | | | | |
| **Date of Birth** | **City of Birth** | | | | | | **Country of Birth** | | |
| **EMERGENCY CONTACT** | | | | | | | | | |
| **Relative to contact in case of emergency** | | | | | **Relationship** | | | | |
|  | | | | |  | | | | |
| **Email address of emergency contact** | | | | | **Phone (include city and country code)** | | | | |
|  | | | | |  | | | | |
| **Mailing address of emergency contact**: | | | | | | | | | |  |
| **EDUCATIONAL BACKGROUND INFORMATION** | | | | | | | | | |
| **Beginning with university until now, please supply the following information:** | | | | | | | | | |
| **Education Information # 1** | | | | | | | | | |
| **Name and address of Institution** | | | | | | | | **City, State and Country** | |
| **Name of Degree/Diploma including subject of expertise** | | | | | | | | **Year Completed** | |
| **Education Information # 2** | | | | | | | | | |
| **Name and address of Institution** | | | | | | | | **City, State and Country** | |
| **Name of Degree/Diploma including subject of expertise** | | | | | | | | **Year Completed** | |
| **Education Information # 3** | | | | | | | | | |
| **Name and address of Institution** | | | | | | | | **City, State and Country** | |
| **Name of Degree/Diploma including subject of expertise** | | | | | | | | **Year of Completion** | |
| **TEACHER CERTIFICATIONS, EXAMS OR COMPETITIONS** | | | | | | | | | |
| **List any teaching certifications or other exams you have completed. Spell out the name of the certification and describe what job(s) it specifically authorizes you to perform in your home country.** | | | | | | | | | |
| **EXTRACURRICULAR ACTIVITIES** | | | | | | | | | |
| **Sports** | | |  | | | | | | |
| **Awards** | | |  | | | | | | |
| **Other hobbies and interests** | | |  | | | | | | |

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| **REFERENCES** | |
| **List the following information of two former supervisors or principals who can comment on your professional skills, character and dependability. Do not list relatives, friends or fellow teachers.** | |
| **Reference # 1 : former supervisor or principal – no relatives** | |
| **Name and Position** | **Contact Address** |
| **Telephone (include city and country code)** | **Email Address** |
| **Relation to You (i.e. principal, supervisor)** | |

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| --- | --- |
| **Reference # 2 : former colleague or supervisor** **– no relatives** | |
| **Name and Position** | **Contact Address** |
| **Telephone (include city and country code)** | **Email Address** |
| **Relation to You (i.e. principal, supervisor)** | |
| **RELEVANT TEACHING EXPERIENCE** | |

**Total number of years of teaching experience:**

|  |
| --- |
| **Teaching Experience # 1** |
| **Name and address of Institution**   |  |  | | --- | --- | | **Type of Institution**  Public    Private | **Location (specify city and country)** |  |  |  |  | | --- | --- | --- | | **Inclusive Dates: From** | **To** | **No. of years** |  |  |  |  | | --- | --- | --- | | **Employment Status** | **Student Ages** | **Avg. no. students per class** | | **Subjects** | | **Grades** | |

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| **Teaching Experience # 2** |
| **Name and address of Institution**   |  |  | | --- | --- | | **Type of Institution**  Public    Private | **Location (specify city and country)** |  |  |  |  | | --- | --- | --- | | **Inclusive Dates: From** | **To** | **No. of years** |  |  |  |  | | --- | --- | --- | | **Employment Status** | **Student Ages** | **Avg. no. students per class** | | **Subjects** | | **Grades** | |

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| **Teaching Experience # 3** |
| **Name and address of Institution** |
| |  |  |  | | --- | --- | --- | | **Type of Institution**  Public    Private | **Location (specify city and country)** | | | **Inclusive Dates: From** | **To** | **No. of years** | | **Employment Status** | **Student Ages** | **Avg. no. students per class** | | **Subjects** | **Grades** |  | |

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| PRIOR VISAS | | | |
| Letter and number | Reason: Work or Travel | U.S. State | Dates |
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| **LANGUAGE AND OTHER INFORMATION** | | | |

**Specify your native language:**      
**Language Proficiency (specify level of proficiency – Excellent/Good/Fair)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Foreign Language** | **Speak** | **Read** | **Write** |
|  | Excellent  Good  Fair  None | Excellent  Good  Fair  None | Excellent  Good  Fair  None |
|  | Excellent  Good  Fair  None | Excellent  Good  Fair  None | Excellent  Good  Fair  None |
|  | Excellent  Good  Fair  None | Excellent  Good  Fair  None | Excellent  Good  Fair  None |

**Have you ever lived or traveled outside your native country:**     Yes  No   
**If yes, please provide details below. If you cannot provide the dates, fill in the other blanks.** No need to list more than 10 examples.

| **Countries** | **Dates** | **Reason** |
| --- | --- | --- |
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**Specify subjects you can teach: Spanish, French, German, Math, Science or others**   
**Have you ever been convicted of a crime?**     Yes  No   
  
**Describe any health problems, chronic (ongoing) illness or disabilities from which you or any accompanying family member suffer (answer NONE if none apply):**      **Caution: Do not leave this question blank.**

**Have you ever held any other visa status to work or live in the United States?**     Yes  No   
**If so, state type of visa (alphabet letter, i.e. E, F, J, etc.) plus number (i.e. J-1), effective dates, and reason:**

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| **BRIEF ESSAY QUESTIONS** |

According to the Cordell Hull Foundation website, n**ame two the two (2) greatest achievements that Cordell Hull, the distinguished American statesman, obtained. To answer, read the Cordell Hull Bio ON OUR WEBSITE:** [**www.cordellhull.org**](http://www.cordellhull.org) **- Click on the link on the left side of the page**: **About Us / then click on: Hull Biography …** [**http://www.cordellhull.org/english/About\_Us/Biography.asp**](http://www.cordellhull.org/english/About_Us/Biography.asp)

**1)**     
**2)**     
**How will your participation in our Foreign Language Teacher Program benefit the following:**  
**1) You – 250 character minimum**  
  
**2) Host School - 250 character minimum**  
  
**3) Host Community - 250 character minimum**  
  
  
**In your opinion, what personal characteristics or qualities of yours are important in order to be an   
effective and successful Exchange Visitor to the U.S.? - 250 character minimum**  
  
  
**What motivates you to teach in the U.S. and to participate in the CHF Teacher Exchange Program?  
- 250 character minimum**  
  
  
**What is your approach to teaching a foreign language or subject of expertise to groups of 20-30 students?  
- 250 character minimum**  
  
  
**Why is this cross-cultural experience important? Cite two reasons. - 250 character minimum each reason**

**1)**

**2)**

**Through this exchange, describe how you would help reduce or eliminate many cultural stereotypes and generalizations held by U.S. citizens about foreign nationals, and vice versa, after you return to your native country?  
- 250 character minimum**

THE CORDELL HULL FOUNDATION

*for International Education*

45 Rockefeller Plaza, 20th Floor New York, NY 10110

Telephone 646/ 289.8620 Fax: 646/ 349-3455

Website: www.cordellhull.org email: chfny@aol.com

**MEMO OF UNDERSTANDING**

**BY CHF APPLICANT FOR J-1 VISA EXCHANGE VISITOR SPONSORSHIP**

By signing this memo, I attest that I understand the following conditions applicable to me as a J-1 visaholder:

1. TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT

Section 212(e) of the Immigration and Nationality Act and PL 94-484, as amended

Exchange Visitor Teachers who are acquiring a skill which is in short supply in their home country will be subject to the two-year home-country residence requirement. This means that I may be required to reside in my home country for the two years following completion of my J-1 visa term before I am eligible for immigrant status, temporary worker *(H)* status or intracompany transferee *(L)* status, if teaching is on the Exchange Visitor Skills list or if my stay is financed in any part by my native country.

1. HEALTH INSURANCE: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, my health insurance coverage shall include: (1) medical benefits of at least U.S. $50,000 per person per accident or illness; (2) repatriation of remains (return of body in event of death) in the amount of U.S. $7,500; and (3) expenses associated with medical evacuation in the amount of U.S. $10,000. My health insurance policy shall not have a deductible that exceeds U.S. $500 per accident or illness.
2. I understand that the Exchange Visitor Program regulations, 22 CFR Part 62.14, require that I understand and execute the necessary steps to obtain J-1 visa approval in my home country. If granted a J-1 visa, I agree to abide by these regulations and CHF's Exchange Visitor Program rules and mission.
3. CHF and the host school / district reserve the right to revoke or terminate my J-1 visa program. Grounds for such action include, but are not limited to, the following: violation of the laws of the United States, misconduct, unsatisfactory performance as a teacher, failure to complete the teaching position because of voluntary termination—including premature departure, engaging in unauthorized income-producing activities, lack of funding or other activities that in the judgment of CHF and/or the host school or district are inconsistent with the purposes and best interests of the J-1 Exchange Visitor Program.
4. NON-TRANSFERABILITY. I understand that my J-1 visa is linked to the school to which I was invited to work; that I may not transfer to another school for the second to fifth years except in extreme circumstances, such as if my health, safety and well-being are in danger.
5. INCOME TAX DEDUCTIONS:   
   I understand that some foreign countries—but not all—have tax treaties with the United States. Such a treaty might exempt a J-1 visaholder from U.S. income taxes.  I agree to (1) prepare all necessary documents to obtain any tax refund due me, if applicable, and to (2) pay all my income tax obligations in my home country and the U.S. according to regulations of both countries.  I understand that the host school is not obligated to exempt taxes on my behalf.
6. I hereby agree to obtain a credit card in my home country with at minimum of $3,000 credit prior to leaving my employment. This card must be valid to use in the United States to help set up residency and purchase personal items during my first six months.  I understand that the requirements for me to qualify for a US credit card could be up to six months’ residency.
7. I hereby agree to attend a one-day Cordell Hull Foundation J-1 Exchange Visitor Orientation prior to or during the first months of my exchange teacher program. I understand that it is my responsibility to book a flight to arrive in time to attend the scheduled workshop for my particular program, whether in New York City or in the city where I will teach. In the event travel costs must be incurred to attend, I will be responsible for related expenses if my school does not cover transportation, lodging, etc. I also understand that this orientation may be scheduled on a Saturday or evening, and that attendance is part of my obligation as a J-1 exchange visitor visaholder.

Signed: Date:

PRINT:

FIRST NAME MIDDLE NAME LAST NAME

Address in home country:

Telephone no. in home country:

email address: