

BIENVENIDO

Una vez que te has llenado el formulario en internet, necesitamos que a la brevedad llenes los formatos que aquí te incluimos. Deberás de imprimirlos y entregarlos en original ya sea en persona, enviarlos con alguien o por correo postal.

Por favor entrega tus formatos dentro de un sobre manila o folder con tu nombre en la pestaña.

Nota: Si ya has participado antes y regresas a tu camp, no necesitas los papeles de los puntos 7 y 9. Y tampoco es necesario incluir video en tu solicitud.

ESTA ES LA LISTA DE FORMATOS O DOCUMENTOS QUE DEBERÁS DE ENTREGAR:

- 1. **COPIA DE CREDENCIAL DE ELECTOR.** Por ambos lados
- 2. **COPIA DE COMPROBANTE DOMICILIARIO**
- 3. **FORMATO DE CARTA COMPROMISO FIRMADA.** Esta viene incluida en este paquete de formatos.
- 4. **MEDICAL FORM.** Aquí se incluye el formato páginas 3 a 6.
- 5. **PROOF OF STUDENT STATUS.** Aquí se incluye el formato en la página 7, puedes usar este formato o bien puedes usar una constancia de estudios en su lugar.
- 6. **PARTICIPANT REFERENCE FORM.** Aquí se incluye el formato en la página 8 este debe ser llenado por un profesor, supervisor, jefe o exjefe. No debe ser la misma persona que llene la carta de recomendación. (Por favor asegura que todo esté bien llenado y se especifique el puesto y la institución o empresa de la persona que llena esta referencia)
- 7. **DOS CARTAS DE RECOMENDACIÓN** No existe un formato específico. Solo es una carta de recomendación en hoja membretada, firmada y fechada y de ser posible sellada. *(Si la carta no puede ser en hoja membretada, es necesario entonces contenga sello o tarjeta de presentación de la persona que recomienda).* Puede ser en español, pero deberás incluir una traducción simple. Es decir, tú puedes traducir la carta al inglés y anexarla sin necesidad de volverla a firmar.
- 8. **TERMS AND CONDITIONS** Aquí se incluye el formato páginas 9 y 10.
- 9. **CURRICULUM VITAE EN INGLÉS.** Aquí se incluye un ejemplo en la página 11 (No es necesario hacerlo exactamente de acuerdo a este ejemplo, puedes utilizar otro formato)
- 10. **COPIA DE PASAPORTE.** Solamente copia de la página de foto y datos, no importa que este vencido. Si en este momento no tienes pasaporte no te preocupes. Puedes entregar todo lo demás y entregar copia de tu pasaporte en cuanto lo saques.
- 11. **CARTA DE NO ANTECEDENTES PENALES.** Documento que deberás sacar en la PGJ, puedes contactar a tu oficina local para preguntar sobre este documento si gustas.

Cualquier duda o problema que tengas por favor comunícate con nosotros por email o por teléfono.

info@olestaffingservices.com

Puedes llevar tus documentos el día de la entrevista, o puedes entregarlos o enviarlos si gustas dentro de un sobre con tu nombre y el nombre de "Ole Staff" en el local de Mailboxes en:

Circuito Interior Juan Pablo II 3302 Local 5
Col. Las Ánimas, Puebla, Pue. Mexico 72400



MÉXICO A ____ DE _____ DEL AÑO 20__

CARTA COMPROMISO

CARTA COMPROMISO Y DE ACEPTACIÓN DE TÉRMINOS Y CONDICIONES.

COMO PARTICIPANTE DEL PROGRAMA DE CAMPAMENTOS DE VERANO DENOMINADO "CAMP USA", AL CUAL ME INSCRIBO DE MANERA LIBRE Y VOLUNTARIA, ENTIENDO QUE A TRAVÉS DE EL INGRESO DE MI SOLICITUD, HE SIDO ACEPTADO EN DICHO PROGRAMA ADQUIRIENDO LOS SIGUIENTES COMPROMISOS:

1. ESTOY DISPONIBLE PARA PARTICIPAR EN LAS FECHAS ACORDADAS EN LA SOLICITUD Y CONFIRMADAS POR MI EN LA ENTREVISTA.
2. ENTIENDO QUE ME SERÁ CONSEGUIDO UN CONTRATO CON UN CAMPAMENTO MISMO QUE ME SERÁ ENTREGADO PARA FIRMA DENTRO DEL PERÍODO COMPRENDIDO ENTRE EL DÍA DE IGUAL FECHA ME INSCRIBO Y EL DÍA 20 DE MAYO DEL AÑO 2012.
3. ENTIENDO QUE MI SOLICITUD NO ESTA COMPLETA SINO HASTA HABER ENTREGADO TODOS LOS DOCUMENTOS QUE SE SOLICITAN Y POSTERIOR A ESTO ME SERAN ENTREGADOS MIS PAPELES PARA VISA.
4. ENTIENDO QUE SI POR ALGÚN MOTIVO EL CAMPAMENTO ASIGNADO NO CONFIRMARA MI LUGAR, ENTONCES ME SERÁ ASIGNADO OTRO SIMILAR.
5. ENTIENDO QUE ESTE PROGRAMA NO TIENE COSTO ALGUNO PARA MI, POR LO QUE NO TENGO QUE PAGAR NADA A NINGUN REPRESENTANTE DE LA ORGANIZACIÓN, SIN EMBARGO ENTIENDO QUE HABRÁ GASTOS QUE CORRERÁN POR MI CUENTA, ME HAN SIDO EXPLICADOS Y ME ES POSIBLE CUBRIRLOS. (GASTOS DE TRANSPORTE, VISA, Y SEVIS)
6. ENTIENDO QUE LA ORGANIZACIÓN ME PROPORCIONARÁ LA FORMA DS2019 PARA TRAMITAR MI VISA J1, Y ME PROVEERÁ DE UN SEGURO DE GASTOS MÉDICOS MAYORES POR EL TIEMPO QUE DURE MI CONTRATO CON EL CAMPAMENTO DE VERANO.
7. ENTIENDO Y ESTOY DE ACUERDO EN QUE SI CANCELO MI PARTICIPACIÓN EN EL PROGRAMA, LO DEBERÉ DE HACER POR ESCRITO, EXPRESANDO LOS MOTIVOS DE DICHA CANCELACIÓN Y DEBERÉ DE PAGAR A LA ORDEN DE LA ORGANIZACIÓN Y/O DE ALEJANDRO FERNANDEZ NIÑO LA CANTIDAD DE \$150 DÓLARES AMERICANOS. (PUDIENDO SER MENOR A CONSIDERACIÓN DE LA ORGANIZACIÓN, DEPENDIENDO DE LA FECHA DE CANCELACIÓN Y LOS MOTIVOS DE LA MISMA).
8. EL COSTO DE LA CANCELACIÓN DEBERÉ DE CUBRIRLO DENTRO DE LOS 15 DÍAS POSTERIORES A LA FECHA DE CANCELACIÓN FIJADA POR LA ORGANIZACIÓN.
9. ME COMPROMETO A SEGUIR Y CUMPLIR LAS INSTRUCCIONES QUE ME VAYAN SIENDO INDICADAS POR LA ORGANIZACIÓN PARA EL ÉXITO EN MI PARTICIPACIÓN

NOMBRES Y APELLIDOS (Completo sin abreviaturas)

FIRMA

Health History and Examination Form for Children, Youth and Adults Attending Camps

FM 08N

Suggested for resident camp use.

Developed and approved by American Camp Association with the American Academy of Pediatrics

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians

of minors or by adults themselves. Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street Address City State Zip

Social security number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address (if different from above) _____
Street Address City State Zip

Business address _____
Street Address City State Zip Phone

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

► Photocopy of front and back of health insurance card must be attached to this form.

Important — These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal

representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Year

Cabin or Group

Name

Health History

The following information must be filled in by the parent/ guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records.

Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known.

Describe reaction and management of the reaction.

Medication allergies (list)

_____	_____
_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the

prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test

Date of last test _____

Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. (ACA-accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

For camp use only

Screening Record

Date screened _____ Time _____ am
pm

Meds received _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____

Observational notes _____

Screened by _____



STUDENT STATUS CERTIFICATION



DEAR UNIVERSITY OFFICIAL: This document is to certify that the person listed is a student at your school. This is required to the student to participate in the exchange program he/she is applying for. We appreciate and thank your time.

FULL NAME:			Phone: ()
Date of Birth. Month:	Day:	Year:	Email:
Street Address:			
City:	State:	Country:	
School Name:			
Field of Study:			
Date you started studying at this school... Month:		Day:	Year:
Expected Graduation Date... Month:		Year:	

TO BE COMPLETED BY SCHOOL

UNIVERSITY OFFICIAL
Name:
Email:
Phone:
Date (mm – dd – yyyy):

Signature
I certify that the person named above is a full time
University student for the academic year of 2012

Please stamp with official School Seal in the box

Participant Character Reference

Last Name: _____ First Name: _____

Position Applying For: _____

The above person has made application for sponsorship in the Exchange Visitor Program. As part of our procedures we require character references for all participants.

Please complete the following information to the best of your knowledge.

	<i>High</i>	<i>Above Average</i>	<i>Average</i>	<i>Low</i>
Communication Skills				
Maturity Compared with Peers				
Overall Health, Energy and Endurance				
Leadership Skill				
Ability to Get Along With Others				
Sense of Humor				
Ability to Adapt to New Situations				
Ability to Handle Difficult Situations				
Ability to Accept Responsibility				

Has the Participant ever been investigated for allegations of child abuse? Yes ___ No ___

Has the Participant ever been convicted of a crime? Yes ___ No ___

Is there any reason you are aware of that this person should not work with children? Yes ___ No ___

How long have you known the Participant? _____

Please use the space below to include anything else about the applicant that may help in determining his/her qualifications.

Your Name: _____ Position/Organization: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

Please return completed form to Participant or scan and email to info@dealwithaces.com.

2012 Ole-Life Adventures Participant Agreement

Required Procedures and Documentation. Participant agrees to follow all required procedures and submit to Ole - Ole-Life Adventures all required documentation.

- Submit all the documents required in the Formats Instructions
- Complete the submission of this application packet
- Pay a \$35 SEVIS fee

Program Rules. Participant agrees to abide at all times to the all rules set forth by the US Government pertaining to J-1 Exchange Visitor Programs.

Behavior While On Program. Participant will conduct him/herself in a professional manner on the job and abide by all US and local laws while on the program. Further, Participant agrees to fulfill all terms and conditions as set forth in his/her employment agreement.

Passport. Participant is required to report to Ole-Life Adventures any changes to or renewal of Participant's his/her offer of employment.

Cross-Cultural Activities. Participant agrees to be active in getting involved in company and local events in order to foster cultural exchange. These activities include, but are not limited to, company gatherings, local sporting events, community seasonal festivals and events.

Reporting/Filing

Passport. Participant is required to report to Ole-Life Adventures any changes to or renewal of Participant's passport after the initial program application.

Program Termination. Should Participant decide to leave his/her job for any reason and/or should Participant be terminated from a position, Participant must immediately contact Ole-Life Adventures.

Change of housing/contact info. Participant is required to inform Ole-Life Adventures should any housing or contact information change at any point during the program. Changes are required to be in writing and may be submitted to Ole-Life Adventures through www.lifeadventures.us or by emailing info@lifeadventures.us.

Applying for US Social Security Number. Within the first three weeks in the US, Participant will apply for a US Social Security number.

Active Email. Participant must have an active email on file with Ole-Life Adventures for ease of communication.

Flight Itinerary. Flight information must be faxed or emailed to Ole-Life Adventures at least 15 days prior to departing home country.

Participant Name: _____

Participant Signature: _____ Date: _____

2011 Ole-Life Adventures Terms and Conditions

1. **Fees.** SEVIS Fee must be paid in advance of issuance of DS2019 form. This fee is required to apply for a J1 VISA and the money will be reimbursed to the participant.
2. **Passport.** Participant must have a valid passport with an expiration date at least until December 2011.
3. **Medical Insurance.** Ole-Life Adventures provides the required insurance coverage.
4. **Flights.** Participant must purchase roundtrip airfare to and from the U.S. Participant must provide Ole-Life Adventures with copies of the flight itinerary and receipt prior to departure to US.
5. **Paperwork and Documentation.** Participant must complete all required paperwork and documentation in a timely manner. Failure to provide Ole-Life Adventures with information may result in delay or termination of his/her program.
6. **Cancellations and Refunds.** In case of a cancellation, the participant must pay the fee described in the signed commitment letter (Carta Compromiso). In the case of a Visa Denial the Participant must provide proof of denial to Ole-Life Adventures.
7. **Employment Time.** Participant agrees that the minimum work time on the program will be three weeks and the maximum will be four months.
8. **Post Employment Travels.** Participant must return to his/her home country. At the end of the Participant's employment term, he/she may travel the U.S. for a maximum of 30 days before returning home if the school schedule allows. During this time the Participant may not leave and then return to the U.S., unless the Participant's DS-2019 has been signed by a representative from Ole-Life Adventures. Participants wishing to leave and then return to the U.S. should call Ole-Life Adventures at least 2 weeks prior to leaving the U.S. so that Ole-Life Adventures may clearly explain the rules and regulations regarding travel.

Participant Name: _____

Participant Signature: _____ Date: _____

Your Digital PHOTO
Here.
(Smile)

CURRICULUM VITAE

Objective: Apply for a support staff position, helping in the kitchen preferable.
Available from June 1 until August 23.

Name: ALESSANDRA VILLANUEVA MARTINEZ

Address: Priv. Chiapas # 5
Col. Aredas
Cholula, Puebla. México 7600

Email miauchis@yahoo.com

Telephone: +52 (222) 232-1456. **Cell Phone** +52-1-2223-123-456

Nationality: Mexican

Date of Birth : January 1st, 1988

Marital Status: Single

Educational Qualifications:

Aug 2007- Currently UGP (Universidad Gastronómica De Puebla)
Culinary Student. 5th Semester

2001 to 2004 Colegio Paola- Puebla, Pue.
High-School Diploma

Employment to Date:

- **June 8 to Aug 18, 2007**
Arteas Hotel, Cancún Quintana Roo Tel. (313) 4257608
Cook (Pantry for 800 people)
- **June 8 to Aug 17, 2006**
Archimini Restaurant, Queretaro, Queretaro. Tel. (243) 123-456
Cook (Pantry and Bakery for 380 people) Italian Food
- **Nov 14, 2004 to March 20, 2005**
ZARA store. S.A. de C.V
As a cashier and public service

Other Studies and Activities

- **Course on Chocolatiere. June, 2007**
Universidad de las Americas Puebla

300 hours duration.

Hobbies and Interests

- **Guitar.** Play acoustic and electric since 1992.
- **Soccer.** Play since 1987. Member of the University Team. Took classes from 1995 to 2000 in the Puebla FC.

Spoken Languages.

Spanish ... Native

English 90% spoken, 80%Written, 100% Read.

Currently taking TOEFL courses.

French 20%. Currently taking classes in basic level.

Personal Statement.

(Why do I want to go to a camp?)