



Confirmation of Contact Information and Monitoring Requirements

Employer Monitoring Requirements

Employer agrees to assist in the following monitoring requirements:

- To notify AWA immediately upon Participants' arrival and indicate Participants' employment start date
- To assist Participant, if needed, in communicating with AWA in order to satisfy monitoring requirements such as arrival information and Monthly Check-Ins
- To provide an Employer point-of-contact during regular business hours to address Participant concerns regarding job responsibilities, employment terms, taxes, local transportation, community resources and the like
- To notify AWA promptly in the following events:
 - When Participants arrive at the work sites to begin their programs
 - When there are any changes or deviations in the job placements during the Participants' programs, including, but not limited to, changes in the number of hours provided, job duties or title, or physical location of the work site
 - When Participants are not meeting the requirements of their job placements
 - When Participants leave their position ahead of their planned departure
- To notify AWA immediately in the event of any emergency involving Participants or any situation that impacts the welfare of Participants.
- Employer understands that each Participant must submit an online Arrival Report to AWA immediately upon arrival at the Employer. Participant's failure to submit arrival information within 14 days of the program start date as listed on the Participant's form DS-2019 may result in Participant's termination from the program and eligibility to work in the United States.

Emergency Contact Information

In the event of an Emergency please contact American Work Adventures:

- **AWA 24 Hour Emergency Hotline (800) 292-0088**
- **AWA Student Services Email: Studentservices@workadventures.org**
- **Participant Insurance Carrier: AVI International (800) 477-2767**
- **Department of State Emergency Hotline (866) 283-9090**

Employer Signature

Printed Name

Date

Company Name

Company Tax/Fed ID

