PARTICIPANT TRAINING AND SCHEDULING ACKNOWLEDGMENT

Participant Name: _____

Host Organization: _____

Position / Training Program: _____

Program Start Date: _____ **Program End Date:** _____

1. Acknowledgment of Training Requirements

I acknowledge that I have reviewed my offer letter and understand the duties, responsibilities, training activities, and learning objectives outlined in my BridgeUSA Intern/Trainee Training/Internship Placement Plan (DS-7002).

I confirm that, to the best of my knowledge, I do not have any restrictions, limitations, or circumstances that could prevent me from participating in or completing the training activities described in my offer letter and training plan. I understand that I am expected to participate fully in the scheduled training activities and comply with the reasonable requirements of my host organization, subject to applicable laws and program requirements.

I understand that I must notify my host organization and International Educational Exchange (IEE) promptly if any circumstance arises that may affect my ability to participate in the training program as outlined in my DS-7002.

2. Acknowledgment of Scheduling Availability

I understand that my host organization may operate seven days a week and that my training activities may be scheduled on any day of the week, including Saturdays, Sundays, and holidays. I acknowledge that I must be available to participate in the training activities scheduled for me on any day of the week and that I have no personal scheduling restrictions that would prevent me from fulfilling the scheduling requirements communicated by my host organization.

I understand that my schedule may vary from week to week. I agree to comply with my schedule and to comply with the established schedule, subject to applicable laws and BridgeUSA program requirements.

3. Participant Confirmation

By signing below, I confirm that:

- I have reviewed and understand my offer letter and training plan.
- I understand the training activities and scheduling expectations associated with my placement.
- I have disclosed any known restrictions that could affect my participation in the training program.
- I acknowledge that training may be scheduled on any day of the week, including weekends and holidays.
- I understand that I am expected to fulfill the training requirements outlined in my DS-7002 and to communicate promptly about any circumstances that may affect my participation.

I certify that the information provided in this acknowledgment is true and accurate to the best of my knowledge.

Participant Signature: _____

Date: _____