



WORLDWIDE INTERNATIONAL STUDENT EXCHANGE (WISE)
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AGRICULTURAL PROGRAM HOST SITE APPLICATION AND AGREEMENT

Please complete the entire application, **sign the last page** and return to WISE at the address given above along with a copy of your Worker’s Compensation Certificate of Coverage or reference to your exemption.

Name: _____

Age (circle): Under 30 30-39 40-49 50-59 60 + Married? Yes No

Farm/Co. Name: _____

Mailing address: _____ Nearest International Airport: _____

_____ Telephone: () _____

_____ Fax: () _____

Employer I.D. #: _____ Mobile: () _____

(EIN#) E-mail: _____

Type of operation: (please circle all that apply) Dairy Swine Equestrian Fishery Poultry

Livestock Row-crop Fruit/Vegetable Horticulture Forestry Other: _____

How long have you or your family operated this or a similar agricultural business? _____

Farm size (#acres/#head): _____ # employees: _____ their average weekly hours: _____

Name and contact information of County Extension Agent: _____

Will you accept a participant who smokes? (You may set the rules for smoking) Yes No

Will participants live with your family? (If not, you will need to provide accommodations.) Yes No

Please describe other living arrangements: _____

Do you have any special requirements for participant? _____

Specify any information not on the application that you need before your participant arrives. _____

List other languages you speak or write. _____

Why are you interested in hosting an international trainee or intern? _____

How will you assist the participant with agricultural training and cultural experiences? _____

What specific training or knowledge can you expose the participant(s) to with regard to your operation?

Please give a description of how your season progresses and how a participant can learn by helping with your operation. _____

Please provide any additional information you feel is important that might not have been covered above.

What qualities, or skills would you desire in a participant? _____

Please understand that we attempt to make good matches between hosts and participants and will use this information to help in our recruiting efforts. Use the back of this page if additional room is needed.

HOST FAMILY APPLICATION

Complete this page if the participant(s) will be living with your family **in your home**. If participants will be living in separate housing, please proceed to the "Agreement" page and forward pictures of their living area(s) to **WISE**.

Host family name: _____

Family Members	Name	Gender	Age	Interests
Primary Host:				
Co-Host:				
Children:				
Other Household Members:				

	Primary Occupation (if other than agricultural):	Business Telephone:
Primary Host:		
Co-Host:		

Pets	Type	Name	Personality/Size	Indoor/Outdoor

Will you provide meals? (if not, we can add a food allowance) Yes ___ No ___

Does anyone in your household smoke? Yes ___ No ___

Does anyone in your home suffer from allergies? Yes ___ No ___

Is smoking allowed for participant in your home? Yes ___ No ___ Outside only: Yes ___ No ___

Activities your family may engage in with an exchange participant: _____

Religion: _____ Does your family attend services every week? _____

Personal References:

Names	Address	Telephone	Years Known

Does your family have any dietary restrictions? _____

Gender preference: Male ___ Female ___ No Preference ___

Will the participant have a private or a shared bedroom? _____

Is the bathroom private or shared (if shared, with whom?) _____

AGREEMENT

1. As a host site, I agree to provide a structured learning program in current U.S. agricultural methods to the participant. I will make arrangements for sufficient planning, equipment and dedicate trained personnel to provide the training/internship specified in the DS-7002 form. I also agree to provide opportunities for general cultural exchange.
2. I agree to assign the participant a reasonable number of practical tasks each day in fitting with the activities outlined in the structured learning outline developed for him/her prior to entry to the United States, I also agree to allow adequate time and opportunity for my participant to obtain a rounded, intercultural experience. **I understand that except in emergency situations the participant will have a minimum of one full day free each week.**
3. I agree that while the participant is assigned to my operation I will provide suitable living accommodations with utilities (except telephone) for the participant at my expense and make a fixed monthly payment to WISE. I understand that living accommodations may be provided on or off the host site, as long as there are transportation arrangements for the participant.
4. I understand that payments are due at WISE's main office by the 15th of each month and that if I am repetitively late, I may be required to make payments in advance.
5. I understand that payments are based on a 30 day month and are payable for the entire time the participant is assigned to my operation. I also understand that I may not make a deduction for time the participant has off, is ill, or for the time the participant is away from the farm for WISE sponsored events.
6. I agree not to make any payment directly to the participant without prior written approval of WISE. I understand that a direct payment to the participant would violate the terms of the program and have an adverse tax and insurance impact for the host site.
7. I understand that the US Department of Labor has established the following rules for training programs to be exempt from the Fair Labor Standards Act (FLSA):
 - the training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a vocational school;
 - the training is for the benefit of the participant;
 - the trainees do not displace regular employees, but work under their close supervision;
 - the employer that provides the training derives no immediate advantage from the activities of the trainees, and on occasion his operations may actually be impeded;
 - the trainees are not necessarily entitled to a job at the conclusion of the training period; and the employer and the trainees understand that the trainees are not entitled to wages for the time spent in training.
8. I agree to abide by all the rules for an educational program to be exempt from FLSA, and I understand that if I do not do so, it will create an employer-employee relationship with the participant. I understand that if I do not abide by the Department of Labor rules or if I pay any money directly to the participant(s) on my operation, unless approved by WISE, I may change the classification of the program as an educational program and could cause the participant to be considered a migrant laborer and/or engaged in a temporary labor arrangement which is not the intent or purpose of the J-1 Training/Internship visa category under which admittance into the U.S. was granted.
9. I acknowledge that the training/internship program is not designed to recruit and train aliens for employment in the United States and that trainee/interns will not displace full-time or part-time U.S. employees.
10. I agree that if a participant becomes ill or injured, I will help make appropriate medical arrangements and notify WISE. I also agree to provide Workers' Compensation Insurance if it is required in my state. I understand that WISE administers medical insurance coverage for the participants with a deductible to be paid by the participant. A copy of the insurance coverage certificate is included with the program manual.
11. I agree to try to resolve any questions or problems directly with the participant, but understand that I should ask the WISE staff for assistance if I cannot do so.
12. I agree to act as a host site for the full duration of the program. I understand that I may not cease to be a host site or terminate my fixed monthly payment obligation as described in item #3 without WISE's prior written consent. I understand that WISE reserves the right to remove the participant without prior warning and to terminate my participation at any time if I am not carrying out my responsibilities as a host site.

I have read and understand the above agreement and will abide by the rules in the program handbook, and I will do my best to support Worldwide International Student Exchange in this agricultural exchange program. I agree that I will discuss any questions or problems about the program directly with WISE staff.

Host Site Representative Name: _____ (Please Print)

Host Site Signature: _____ Date: _____

WISE Representative Name: _____ Signature: _____