



THE FOUNDATION FOR
WORLDWIDE INTERNATIONAL STUDENT EXCHANGE

PLACE
PHOTO
HERE

AGRICULTURAL EXCHANGE
PROGRAM APPLICATION

THIS FORM MUST BE COMPLETED BY THE APPLICANT – PLEASE TYPE OR PRINT CLEARLY

NAME OF OVERSEAS REPRESENTATIVE: _____

NAME OF APPLICANT'S UNIVERSITY: _____

I MEET THE REQUIREMENTS FOR THE: TRAINING PROGRAM [GRADUATE] INTERNSHIP PROGRAM [STUDENT]
(IF YOU DO NOT KNOW THE REQUIREMENTS, PLEASE CONFIRM YOUR QUALIFICATIONS WITH YOUR LOCAL AGENCY)

LAST NAME (Surname) _____

FIRST NAME (Given Name) _____

_____ MALE _____ FEMALE

BIRTH DATE: ____ / ____ / ____
DAY / MONTH / YEAR

PERMANENT CONTACT INFORMATION:

STREET _____

APARTMENT NUMBER _____

CITY _____

POSTAL CODE (If not used in your country, indicate) _____

E-MAIL ADDRESS _____

COUNTRY _____

Telephone _____

COUNTRY CODE _____

CITY CODE _____

HOME NUMBER _____

COUNTRY OF CITIZENSHIP (PER PASSPORT) _____

COUNTRY OF LEGAL RESIDENCE _____

PASSPORT NUMBER: _____

COUNTRY OF ISSUE: _____

SPECIFY THE DATES OF ENTRY AND EXIT TO AND FROM THE UNITED STATES DURING THE PAST 10 YEARS,
STARTING WITH THE MOST RECENT. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

I [HAVE], [HAVE NOT] PREVIOUSLY TRAVELED TO THE UNITED STATES. [CIRCLE ONE] IF YES, CONTINUE BELOW:

ENTRY DATE ____ / ____ / ____ EXIT DATE ____ / ____ / ____ PURPOSE: _____ TYPE OF VISA: _____

ENTRY DATE ____ / ____ / ____ EXIT DATE ____ / ____ / ____ PURPOSE: _____ TYPE OF VISA: _____

NAME OF PERSON TO CONTACT IN AN EMERGENCY: _____

TELEPHONE OF EMERGENCY CONTACT: _____ / _____ / _____ RELATIONSHIP: _____
COUNTRY CODE CITY CODE NUMBER

ADDRESS: _____

Languages	Good	Poor	Not at all
English			
Other:			
Other:			

Except for the United States, what countries have you visited (Country and date): _____

Are you married? YES – NO Do you have children? YES – NO If yes, how many? _____

Will you have any relatives or friends in the US or Canada while in the program? YES – NO
If yes, list name, address, and relationship: _____

Were you raised on a farm? YES - NO If yes, what type of farm? Give details. _____

Are you currently employed in agriculture? YES – NO If YES, describe your position and duties: _____

Name and address of your present employer and dates of employment: _____

Would you prefer to live with a family or independently? [Circle One] Family - Independent

How many times daily do you smoke? [Circle One] None - 1-10 - 10 or more

Do you drink alcohol? [Circle One] Never - Once a Week - More than once a week

Place an "X" in any three of the areas of agriculture in which you feel you are qualified based on your education and experience and wish to be placed based on those qualifications:

"X" any 3	Area of Agriculture	Description
	Dairy	Includes milking, herd health, artificial insemination, calving assistance, etc.
	Field Crops	Includes corn, wheat, oats, rice, soybean, etc. with mechanical planting, management and harvesting
	Horticulture/ Fruits/Vegetables	Includes flowers, foliage plants, trees, tropicals, fruit trees, onions, tomatoes, potatoes, etc. often with non-mechanized management
	Livestock	Includes beef, horses, poultry, sheep, swine, etc.
	Other	(explain below)

If you have specific requests, or wish to limit consideration within above groups, please list below:

I prefer a _____ placement, with the specific commodity: _____

I do NOT want a _____ placement, especially not with: _____

If your previous education/experience permits work-based agricultural training within 2 areas, such as Dairy and Field Crops, would you be interested in such a placement?

YES - NO

Do you have an international driver's license (international driver's permit)? YES - NO

List all schools in which you have received training or courses, beginning with secondary school:

Name: _____ Location: _____

Date of graduation: ____/____/____ Degree earned: _____
DAY / MONTH / YEAR

Name: _____ Location: _____

Date of graduation: ____/____/____ Degree earned: _____
DAY / MONTH / YEAR

Name: _____ Location: _____

Date of graduation: ____/____/____ Degree earned: _____
DAY / MONTH / YEAR

Have you previously participated on a J-1 visa program in the United States? Yes ____ No ____

If you answered yes, please complete the following questions:

1) What category was the J-1 visa?

____ Training ____ Intern ____ Work and Travel ____ High school ____ Other

2) Who was the sponsoring organization(s) of your IAP-66 or DS-2019? _____

ESSAY QUESTIONS: *Please complete the following questions, attaching additional pages if needed. Incomplete or insufficient answers will delay consideration of your application. Please write clearly.*

1) Why do you want to participate in this agricultural program?

2) How has your education and experience prepared you for the type of work-based learning offered in this program? Please answer specifically for each of area of interest that you checked on page 2 of this application. For example, if you checked "Dairy" and "Field Crops" please answer the question for both types of operations.

3) List and describe in detail the skills and knowledge specific to your career goals you hope to develop during this program. Please note that although you will improve your English through your daily conversations it is not one of the objectives of this program.

4) Describe your practical farming experiences (include size of farm (Ha or acres or number of head), commodity, length of time, and other agricultural related activities such as farm machinery operation, tractor operation, welding experience, crop spraying, etc.

5) What are your hobbies? What do you like to do in your spare time?

6) Upon return to your own country, how will you use the skills you hope to learn in this program? Include information on your career plan:

REQUIRED FROM ALL APPLICANTS: Attach a typed copy of your Curriculum Vitae or resume to this application, including all biographical information...phone, permanent address, e-mail, and a clean, legible copy of the personal information (photo) page of your passport.

MEDICAL STATEMENT

To be completed by a Physician in English

- 1) Applicant's Name _____ 2) Birth date: _____ / _____ / _____
DAY MONTH YEAR
- 3) Height _____ cm. 4) Weight _____ kg. 5) Blood Pressure _____ Pulse _____
- 6) General state of applicant's health: Excellent Good Fair Poor

7) Does applicant now have, or has he/she ever had, any of the following?
 (If yes, give detailed information regarding impairment in the "EXPLANATION" space provided below.)

ILLNESS			DATE		DISORDERS		
	No	Yes	Month	Year		No	Yes
Chicken Pox	_____	_____	_____	_____	Seizure Disorders	_____	_____
Measles	_____	_____	_____	_____	Sleepwalking	_____	_____
Mumps	_____	_____	_____	_____	Appendectomy	_____	_____
Poliomyelitis	_____	_____	_____	_____	Cough (frequent)	_____	_____
Rheumatic Fever	_____	_____	_____	_____	Diabetes Militus	_____	_____
Rubella	_____	_____	_____	_____	Enuresis	_____	_____
Scarlett Fever	_____	_____	_____	_____	Headache (persistent)	_____	_____
Malaria	_____	_____	_____	_____	Menstrual Disorders	_____	_____
Hepatitis	_____	_____	_____	_____	Learning or Speech Defects	_____	_____
Parasites	_____	_____	_____	_____	Vertigo, Dizziness	_____	_____
Goiter	_____	_____	_____	_____	Allergies	_____	_____
Hernia	_____	_____	_____	_____	Asthma	_____	_____
Other	_____	_____	_____	_____			

- 8) Has applicant ever been hospitalized? Yes No
- 9) Has the applicant had a tetanus shot? Yes No
 • What was the date of the last tetanus shot or booster shot? _____
- 10) Has applicant ever been advised to have surgery, which has not been done? Yes No
- 11) Is applicant presently taking medications or injections? Yes No
- 12) Does the applicant presently have any diagnosed condition requiring ongoing treatment or check-ups? Yes No
- 13) EXPLANATION in detail of EVERY "yes" answer in items 1-12:

14) Allergy Statement: HAY FEVER Yes No What specific pollens, grasses, etc., is the applicant allergic to?

15) What reactions are caused by contact? _____

16) Would you describe these reactions as: Mild Strong Severe Life Threatening

17) Can these reactions be controlled with medication? Yes No If so, what medication and dosage?

18) Are there any restrictions on the applicant's participation in physical activities?

19) Medical insurance that is required by this program does not cover pre-existing conditions. The applicant has been made aware of any possible pre-existing conditions for which they may need to maintain additional coverage.

Signature of Physician _____
 Name of Physician (Print) _____
 Place of Examination _____

REFERENCE FORM

This form must be completed in English by a current or former employer, school administrator, or school instructor within the professional field of training for which you are applying. Forms completed by friends or relatives will be rejected. Current letters of recommendation from your employer or school may be substituted only if they are less than one year old, printed on letterhead, and written in English.

1. Reference Information:

Name of applicant: _____
Your name as reference: _____
In what capacity have you known the applicant? _____
How long have you known the applicant? _____

2. Please check in the box that best describes the applicant in regards to:

	EXCELLENT	GOOD	FAIR	POOR
Adaptability	()	()	()	()
Responsibility	()	()	()	()
Resourcefulness	()	()	()	()
Enthusiasm	()	()	()	()
Leadership	()	()	()	()
Sense of Humor	()	()	()	()
Patience	()	()	()	()
Cooperation	()	()	()	()
Initiative	()	()	()	()

Please describe the three best attributes of the applicant (discuss qualities from the above list or others not included):

3. Describe the applicant's ability to relate to people of different nationalities and ages:

4. Do you recommend the applicant for participation in the WISE Agricultural Exchange Program?

() Yes () No

If yes, why is the applicant suitable to participate on the program? _____

Signature of Person Giving Reference: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

WISE PROGRAM LIABILITY AND MEDICAL RELEASE AGREEMENT

The undersigned, as a participant in a program organized and directed by The Foundation for Worldwide International Student Exchange, hereafter referred to as **WISE**, on behalf of ourselves, your sponsor, and our successors or legal representatives renounce to any claim against **WISE**, its employees, directors or officers, agents, coordinators and host site where the participant may be assigned, or any person interviewing in the program, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions, or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants, or any other service given by companies, individuals, or anyone related with the aforementioned.

I understand that as a participant, I will be subject to the authority of **WISE** and must follow the rules provided by the program and host site. I also understand that **WISE** reserves the right to terminate the participation in the program of any participant whose conduct during the program period may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant will have no right to any refunds.

I grant **WISE**, at its discretion, and, if necessary, at the cost of the participant or his/her parents – in the case of expenses exceeding the coverage of the insurance policy covering the participant—the power to place him/ her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available to place him/her under the care of the medical doctor of **WISE's** choosing for his / her treatment.

I grant **WISE** authority to act as my representative while in the United States including, but not limited to, all necessary functions to act as legal guardians and "in loco parentis" in any situation, especially in emergencies whether medical or other, including the possibility of permission for surgical operations or other medical or mental treatment. **WISE** shall be the only agencies to authorize any medical or mental treatment of participant.

I authorize **WISE** to return me to my home country of origin at my cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. I confirm that at the time of signing this document that I enjoy satisfactory physical and mental health, that my health record enclosed herewith is true and complete, and that I may engage in any physical sport or training assignment task or activity.

I grant **WISE** permission to act on my behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid the entire duration of the **WISE** program in which I am participating.

I authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to **WISE**, ACE American Insurance Company or its representatives, any and all confidential health information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the undersigned whose death, injury, sickness or loss is the basis of a claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number GLMN04156341. I authorize the policyholder, employer or benefit plan administrator to provide **WISE**, ACE American Insurance Company or its representatives with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I agree that a photographic copy of this Authorization shall be as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.

The protected health information provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information.

Information disclosed under this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations.

I understand that I or my authorized representative may revoke this authorization at any time, by providing **WISE**, ACE American Insurance Company or its representatives with written notification as to my intent to revoke. I do understand that, if I do not sign this authorization, **WISE**, ACE American Insurance Company or its representatives may not be able to obtain health information necessary to consider my claim for benefits.

Signature of Insured (Applicant) or Authorized Representative

Printed name

Date

INTERVIEW CONFIRMATION

This page is to be completed and signed by one of the following:

Interviewer from the Recruiting Organization, School Representative, or WISE Staff Member

Participant Name: _____

The primary objectives are to provide a structured and guided work-based learning program in the participant's specific academic or occupational field and to provide on-the-job exposure to American techniques, methodologies, and expertise. To be eligible for the program, the applicant must clearly demonstrate through prior training and experience that he or she is able to advance within a chosen career as a result of participating in this program. Specific qualifications for internships vs. training are:

An **INTERN** is either **currently enrolled** in and pursuing studies at a post-secondary academic institution outside the U.S.

OR **graduated** from such institution **NO MORE THAN** 12 months prior to anticipated start date.

A **TRAINEE** has a **degree or a professional certificate** from a foreign post-secondary university **and** at least **one year of related work experience** in his or her occupational field acquired outside the U.S.

OR **five years of work experience** outside the U.S. in his or her occupational field (no degree).

The applicant will be required to provide documentation to WISE regarding previous educational and practical experience to confirm his or her prerequisite qualifications and eligibility. The work-based learning program offered to the participant must provide significant enhancement of knowledge and skills.

By signing I certify that, as per the above mentioned criteria, I have reviewed the participant's qualifications and experience and can substantiate that the above named participant has appropriate education, skills and experience to benefit from the structured and guided work-based learning program to be provided.

Date of Interview: _____

Place of Interview: _____

Applicant qualifies for: Internship Training Program

Method of interview: Face-to-face Web/Video Conference

Interviewer Name: _____

Interviewer Title: _____

Organization: _____

Telephone Number: _____

Signature of Interviewer: _____

WORLDWIDE INTERNATIONAL STUDENT EXCHANGE

ENGLISH LANGUAGE PROFICIENCY

This form is to be completed by an English interviewer

TO THE INTERVIEWER: *The purpose of this form is to determine the participant's English ability. It is an important tool, which helps us place applicants in positions suitable for their proficiency. Therefore, it is important for you to be direct and accurate in your rating. Rating an applicant higher than his or her actual ability could result in severe problems for the applicant and the host site and could result in their inability to complete the program. PLEASE take great care to interview carefully and fill out the form accurately.*

SPEAKING AND UNDERSTANDING CONVERSATION: After engaging applicant in at least 15 minutes of active conversation, relating my views on current topics (being careful to use both abstract terms and idiomatic phrases), and requesting his or her views, I rate the applicant's ability to speak and understand English conversation to be:

- 10 Absolute proficiency in English. Applicant is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects, or most idioms. Thinks in the language.
- 9 Applicant possesses near fluency. Sentence structures are nearly perfect. Can understand and respond to difficult questions. Language knowledge includes abstract terms. Will have NO problem communicating while in the host country.
- 8 The responses, although not perfect, come naturally. Has a good vocabulary and understands almost everything. Can respond intelligently; however, needs practice.
- 7 Applicant can understand most conversation. Speaking ability is good, but needs practice. Applicant can go beyond basic responses and elaborate on thoughts. Knows many words, but needs to think before responding.
- 6 Applicant understands basic conversation. Vocabulary includes everyday, common terms. Thinks quickly, however, it is evident that he/she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation.
- 5 Applicant can understand much more than he/she can communicate; however, tries. Can respond in sentence form even if grammar and structure are not perfect. Applicant is understandable.
- 4 Applicant is evidently understanding the basic sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (A few weeks of total immersion in host country will rapidly improve his/her abilities)
- 3 Applicant understands words, or phrases but no sentence thoughts. Speaking ability is limited to a few words or phrases.
- 2 Applicant understands a few words, but has little or no ability to communicate beyond a few words. Applicant may even refuse to use the language.
- 1 Applicant cannot understand conversation and knows little or nothing. It is apparent that regardless of the level of language proficiency of the applicant, there will be periods of difficulty and frustration for any applicant who must function in a second language full-time during his or her stay abroad.

On the lines below, please share your thoughts regarding the applicant's language ability and aptitude, his/her study habits, and his/her motivation. These will help to predict the applicant's academic success during the program.

I, _____, am: The applicant's English teacher A fluent (or native) English speaker
INTERVIEWER'S NAME

I have known the applicant for _____ years **OR** This is the interview meeting only.

To the best of my knowledge, I have made a fair and accurate assessment of the applicant's English ability. This interview was held at:

LOCATION

DATE

INTERVIEWER'S SIGNATURE

TITLE (RELATIONSHIP TO APPLICANT)

PARTICIPANT AGREEMENT (PAGE 1 OF 2)

INSTRUCTIONS TO PARTICIPANT: Before you finalize your application for the WISE program, it is essential that you read and thoroughly understand the areas of responsibility as indicated below. If you have any questions please consult with your WISE representative before you sign this agreement.

I _____, undersigned, understand and agree:
APPLICANT'S NAME

1. I understand that I will be expected to remain on the same host farm for the full program, except for scheduled events, and that I should not expect to be given time off to travel outside of my normal days off without prior permission from my host site and WISE. Scheduled days off will typically be one or two days per week and may fluctuate due to the season or weather both of which are important factors in any agricultural operation. I also understand that due to the seasonal nature of the agriculture industry and weather accordingly, I will need to be flexible in my schedule.
2. I understand that daily tasks and activities in agriculture can vary and I am prepared to accept any shift, schedule, position, or task defined by my host farmer or supervisor as pertinent to my work-based learning, provided that all safety instructions are explained to me in a timely and appropriate manner.
3. I will receive a stipend payment from WISE on a monthly basis to cover my day to day expenses as specified in my offer letter. **I understand that I cannot ask for or accept any direct payment from my host site or to seek or accept employment of any kind. To do so could result in my disqualification from the program and cause WISE to terminate my program!**
4. I understand that, in most cases, the host site will provide me with living accommodations at no charge. Specifics of the housing arrangements and costs will be provided in the offer letter at my time of placement. I also understand that I am responsible for keeping my accommodations clean, and that if I fail to do so, I agree the host site may hire a cleaner at my expense. I also understand that if a telephone is available I must use a pre-paid calling card and will be responsible for paying the cost of all long distance telephone calls.
5. I understand that my primary objective is to participate in a structured and guided work-based learning program that is designed to improve my knowledge of techniques, methodologies, or expertise used in U.S. Agriculture within my academic or occupational field. Seeking or accepting employment either at my host site or away from host site will be a violation of my visa and will result in termination of my program.
6. If I become ill or injured, I agree to notify my host site and WISE and to seek appropriate medical treatment. I understand that if I become seriously ill or injured, WISE may terminate my program and help arrange for me to return to my home country to complete my recovery.
7. I understand that WISE will provide personal health insurance while I am participating in the program, but that I am responsible to pay for the first \$75 to \$150 charged for each illness or injury (see in-network, out-of-network, and emergency room deductible section in insurance brochure).
8. **I understand that insurance will not pay for any medical treatment for an injury or condition that I had before entering the program. I also understand that if I do not disclose a pre-existing illness or injury in my application, WISE will disqualify me.**
9. I understand that I may not have any family members or friends live with me while I am participating in the program; however, I may have some visitors with the host site's prior permission in cases that the host site provides housing outside of their home.
10. I understand that I am responsible for the purchase of and arrangements for my international transportation to and from the United States, but the sponsoring organization in my home country may assist me in such arrangements.

PARTICIPANT AGREEMENT (PAGE 2 OF 2)

11. I understand that if questions or problems arise, I should first try to resolve them directly with my host site, but that if I can not do so, I should contact my staff representative. I understand that I may also call the main office at any time to leave a message on the answering machine if no one is available.
12. I accept the right of **WISE** to directly or indirectly cancel, change, or substitute in emergencies or whenever normal circumstances change, those elements of the program whose alteration is deemed necessary by **WISE**. I understand that, should there be a geographic move of the participant for any reason, the cost of the transportation shall be borne by the participant.
13. I understand that I must bring appropriate clothing and or other necessities to insure adjustment to American living conditions. I also understand that I should bring with me approximately US\$500 to cover my expenses until I receive my first stipend check, which may not be for 3-6 weeks after my arrival.
14. I understand that my participation may be terminated for the following reasons:
 - Upon my request and determination by WISE that I am unable to continue participating in the program (e.g. because of personal, family, or medical reasons).
 - Disqualification by WISE following its determination that I have violated one or more program rules. Possession or use of illegal drugs, or abusive use of alcohol will result in immediate termination.
15. To complete any written and oral evaluations required by the host site or WISE to comply with government and program regulations.
16. I grant WISE permission to use in the future any photographic, or any other type of material in which the participant may appear for promotion or publicity of the organization's programs.
17. To obey all applicable local, state and federal laws. WISE reserves the right to terminate a participant's program should his or her conduct or actions be deemed harmful to themselves, the host site or the public at large.
18. I understand that should I leave the program prematurely or without notice, there will be no refund of fees and that such departure shall release WISE of any further obligation, financial or otherwise, effective the date of such departure.
19. I understand that if I am disqualified I must return to my home country immediately because my visa status is restricted to participating in this program and I will not be permitted to remain in the United States once my program has been cancelled or terminated. I understand that WISE will notify U.S. immigration authorities of my program status and that my insurance coverage will no longer be valid.

I have read and understand the rules stated above, and I agree to abide by those rules and those in the program handbook. In addition, I agree that if I have any complaints about the program I will present them directly to WISE.

Date: _____

Signature: _____

Name (Please Print): _____

