

Please answer all questions as completely as possible. You can find application and submission instructions on the <u>last page of</u> this document or on our website: **worldwidefarmers.org**.

IDENTITY INFORMATION							
Family (Last) name(s)							
Given (First) name(s)							
Height	meters	Weight		kilograms	Age		years
Gender: 🗌 Male 🗌	Female	Date of b	irth	month	day	2	year
City of birth				Country of birth			
Country of citizenship							
Do you smoke tobacco? 🛛 Yes 🗌 No							
Do you drink alcohol? 🛛 Yes 🗌 No							
Are you married? 🗌 Yes 🗌 No							
Do you have children? 🗌 Yes 🗌 No							

CONTACT INFORMATION

Please print clearly your mailing address (including postal code) **EXACTLY** as it should appear on a package mailed to you from the US. **DO NOT USE A PO BOX.**

Postal address (to be used for shipment of visa documents)				
Phone number	Email address			



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LANGUAGES					
United States law requires that you be able to speak and understand English in order to obtain a visa. By signing this application, you certify that you are able to communicate in English. Please list any other languages you speak and indicate your proficiency:					
	Native	E Fluent	🗌 Good	Poor	
	Native	Fluent	🗌 Good	Poor	
	Native	E Fluent	🗌 Good	Poor	

TRAVEL EXPERIENCE

Please list countries you have visited, the year visited, and the length of your stay
Have you ever been issued a J-1 Visa? Yes No If yes, please give the name of the program, program dates, and field of training
Have you ever participated in any other training or internship program? If yes, please give the name of the program, field of training, country and dates of participation



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EDUCATION INFORMATION

Have you graduated from a college, university, or other post-secondary academic institution? (Please include a copy of your diploma when submitting this application.)

Yes, I graduated.					
Degree					
Field of study	Date received				
I am currently enrolled in a college, un	iversity, or other post- secondary acade	mic institution.			
Institution name					
Field of study	Projected graduation date				
I attended a college, university, or other post-secondary academic institution but did not graduate.					
Institution name					
Field of study	Dates of enrollment	to			
No, I have not attended a college, univ	versity, or other post-secondary academi	ic institution.			

D	DRIVING PERMITS
Do you have an International Driving Permit?	Yes No



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DESIRED PLACEMENT CATEGORY

Please mark all that apply, numbering them in order of preference (1 being the most-desired category).

Viticulture (harvest, growing, vineyard experience)			
Enology (general winemaking)			
Barrel/cellar duties			
Lab analysis			
Hospitality/tasting room duties			
Other (be specific)			

CURRENT EMPLOYER OR SCHOOL

Name and contact information of your current employer or school (if applicable)



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EXPERIENCE AND SKILLS

Describe your practical experience in the wine industry. Please provide the following:

Name of winery/location	Size and varietals	Dates employed	General duties	Supervisor/reference

Do you have any special skills or abilities? What do you like to do in your spare time? What are your hobbies?



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EMERGENCY CONTACT				
Name				
Relationship				
Phone number	Email address			

WORKING WITH WORLDWIDE FARMERS EXCHANGE

How did you hear about Worldwide Farmers Exchange? Do you know anyone who has participated in a WFE Program?

How will this program benefit you when your return to your home country? What do you hope to gain from the experience? (*Attach another sheet of paper if needed.*)



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I understand that if I do not already have a confirmed placement, a placement cannot be guaranteed by Worldwide Farmers Exchange. If a placement is confirmed, I will be sent a Training/Internship Placement Plan (DS-7002) describing the placement. I understand and agree to the following:

- If I am granted a visa, I will be charged a program fee by Worldwide Farmers Exchange. If the program fee is not paid, my program may be terminated.
- My placement will be with the host named on my DS-7002 for my entire exchange program.
- The U.S. State Department requires that I submit a report before the end of my program. If I do not submit this report, I may be disqualified.
- I have read the WFE Handbook and will follow the rules of the Program.
- By signing or typing my name in the Signature field below, I acknowledge that all of the information in my application is true and correct.

Signature	Date	
Printed name		



Application and Submission Instructions

Please complete entire application in English, typing or printing clearly in ink.

Please answer all questions as completely as possible. *Any misstatement on this form may result in disqualification from the program.* If you have any questions about the application, please contact us and our staff members will help you through the process.

If you are using <u>Adobe Reader</u>, you should be able to enter your information directly in this PDF. Once your information is complete, you can submit the application to us using the following methods:

1. Submit by Email

If you are using Adobe Reader, clicking the button below will open up an email in your default email program. If you can, please add scans of the required materials below as email attachments. Click *Send* in your email program to complete the electronic application submission.

If you did not attach the required materials to the email, you will need to send them to us separately in order to complete your application.

2. Print and Mail or Fax

You can also mail or fax us a signed copy of the application. Please print the application using the button below, *sign the application*, and send the application with the materials listed below.

MAIL

Worldwide Farmers Exchange 1650 Solano Avenue, Suites B & D Berkeley, California, United States 94707

FAX (510) 558-7428

Materials to Include

To complete your application, you will need to send us a copy of:

- 1. The identification page of your passport
- 2. Any previous J visas you have received
- 3. Your CV, résumé, and diploma (if applicable)
- 4. Medical Statement form, completed by a licensed physician
- 5. One passport-size photograph, attached to the Medical Statement form

You can mail these materials to the address above, fax them to (510) 558-7428, or scan and email them to <u>app@worldwidefarmers.org</u>