



# WORLDWIDE INTERNATIONAL STUDENT EXCHANGE

NATIONAL OFFICE: P.O. BOX 1332, DYERSBURG, TN 38025-1332 TELEPHONE: 731-287-9948

## 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.

Name: \_\_\_\_\_

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

Farm/Co. Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Nearest International Airport: \_\_\_\_\_

\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_

Fax: (    ) \_\_\_\_\_

Employer I.D. # (EIN): \_\_\_\_\_

Mobile: (    ) \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_

E-mail: \_\_\_\_\_

(D&B not required for family farm operations)

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: \_\_\_\_\_ Avg. # hours worked weekly \_\_\_\_\_

If you prefer participants from particular countries, please list them: \_\_\_\_\_

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 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, skills or experience level 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

You must complete this section only if the participant will be living with your family in your home. If not, please proceed to the "Agreement" section.

Host family name: \_\_\_\_\_

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

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

Pets	Type	Name	Personality/Size	Indoor/Outdoor

Are you able to 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 15<sup>th</sup> 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 \$50 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: \_\_\_\_\_