

## Exchange Visitor Program Application

PLACE  
PHOTO  
HERE

This form must be completed by the applicant- please type or print clearly if not completing electronically.

Name of overseas representative:

Name of applicant's current, or most recently attended college or university:

I Meet the Requirements for: ☐ **TRAINEE** (graduate, more than 12 months from graduation date)

☐ **INTERN** (student, or graduate less than 12 months from graduation)

If uncertain of the requirements, see page 10, or confirm your qualifications with a WISE representative.

Last name:  First name:

☐ **MALE** ☐ **FEMALE** Birth date:       Age:

MONTH DAY YEAR

### PERMANENT CONTACT INFORMATION

Street:  Apartment number:  City:

Postal code:  Country:  Telephone:

COUNTRY CODE NUMBER

Skype name:  Email address:

Country of citizenship (per passport):  Country of legal residence:

Country of issue:  Passport number:

Passport expiration date:

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 ☐ I HAVE NOT PREVIOUSLY TRAVELED TO THE UNITED STATES.

If "yes", continue below.

Entry date:

MONTH DAY YEAR

Exit date:

MONTH DAY YEAR

Purpose:

Type of visa:

Entry date:

MONTH DAY YEAR

Exit date:

MONTH DAY YEAR

Purpose:

Type of visa:

## EMERGENCY CONTACT

Name of person to contact in an emergency:  Telephone: 

COUNTRY CODE AND NUMBER

Relationship:  Address: 

## ADDITIONAL INFORMATION

## Languages spoken

	GOOD	POOR	NOT AT ALL
<input type="checkbox"/> ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Except for the United States, which countries have you visited? (country and date)

Except for the United States, which countries have you worked? (country, date and description)

Are you married? ☐ YES Do you have children? ☐ YES If "yes", how many? 
☐ NO ☐ NO

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 or in a city? ☐ FARM ☐ CITY

If farm, what type of farm? Give details: 

Are you currently employed? ☐ YES ☐ NO

If "yes", describe your position, duties and complete dates of employment: 


Name and address of current employer: 


Would you prefer to live with a family or indepently? ☐ FAMILY ☐ INDEPENDENT ☐ EITHER

How many times daily do you smoke? ☐ NONE ☐ 1-10 ☐ 10 OR MORE

Do you drink alcohol? ☐ NEVER ☐ OCCASIONALLY ☐ ONCE A WEEK ☐ MORE THAN ONCE A WEEK

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

<input type="checkbox"/>	<b>DAIRY</b>	Includes milking, herd health, artificial insemination, calving assistance, etc.
<input type="checkbox"/>	<b>FIELD CROPS</b>	Includes corn, wheat, oats, rice, soybean, etc. with mechanical planting, management and harvesting.
<input type="checkbox"/>	<b>LIVESTOCK</b>	Includes beef, horses, poultry, sheep, swine, etc.
<input type="checkbox"/>	<b>HORTICULTURE/ FRUITS/VEGETABLES</b>	Includes flowers, foliage plants, trees, tropicals, fruit trees, onions, tomatoes, potatoes, etc. often with non-mechanized management.
<input type="checkbox"/>	<b>EQUINE</b>	Includes thoroughbred, dressage, hunter/jumper, cutting, reining, etc.
<input type="checkbox"/>	<b>ENOLOGY/VITICULTURE</b>	Includes cellar worker, assistant winemaker, vineyard worker, tasting room assistant, etc.
<input type="checkbox"/>	<b>TURF MANAGEMENT</b>	Includes golf course maintenance, course setup, etc.
<input type="checkbox"/>	<b>CONSTRUCTION</b>	Includes placement in a business specializing in construction. (Explain your specific request in your autobiography).
<input type="checkbox"/>	<b>OTHER</b>	<hr/>

EXPLAIN

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 \_\_\_\_\_ placement; especially not with: \_\_\_\_\_

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

☐ YES ☐ NO

Do you have a license to drive a car?

☐ YES ☐ NO

Do you have an international driver's license (Participants are advised to obtain an International Driver's Permit prior to arrival in the U.S.)

☐ YES ☐ NO

I am capable of lifting 50 pounds or 23 kilograms

☐ YES ☐ NO

List all schools, colleges or universities at which you have received training or courses, beginning with the most recent post-secondary school. Please print graduation date(s) and include degree and any specialty along with any necessary description. If you are a current student, please list projected graduation date and the anticipated degree you will earn:

School name and location:

Area of specialty:

Date of graduation:       Degree earned:   
MONTH DAY YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER

School name and location:

Area of specialty:

Date of graduation:       Degree earned:   
MONTH DAY YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER

School name and location:

Area of specialty:

Date of graduation:       Degree earned:   
MONTH DAY YEAR BACHELOR, MASTERS, SPECIALIST, ENGINEER, OTHER

Have you previously participated in a J-1 visa program in the United States?

If "yes", please complete the following questions:

☐ YES ☐ NO

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 DS-2019?

		TO	
		TO	

## 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 exchange 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 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 the 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 working experiences - include size of farm/operation (ha, acres, tons), number of head, commodities you have worked with, length of time, machinery operation, tractor operation, welding experience, crop spraying, horses ridden, English or Western disciplines, winery equipment, mowers, cutting tree branches, golf course setup, tools used, etc.

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

6) Where have you traveled to for vacations/holidays and what did you do while you were there?

7) Upon return to your home country, how will you use the skills you hope to learn in this program? Include your career plan.

8) Is there ANYTHING you feel your host should be aware of which may affect your program? For example – “religious requirements”, “specific non-traditional lifestyle concerns”, “food allergies or specific food requirements”, etc.

**REQUIRED FROM ALL APPLICANTS:**

Attach the following to this application:

1. A typed copy of your Curriculum Vitae or resume.
2. An autobiography including information such as your name, permanent address, phone number, e-mail address, family, education, degrees and/or certifications, courses studied, interests, work history, future goals, etc.
3. A copy of your diploma or highest certification and English translation if not in English (or official school certified transcript, in English, for current students).
4. A clean, legible copy of the personal information page of your passport (the page including your photo).

## 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 field 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 success during the program.**

I \_\_\_\_\_, am

INTERVIEWER'S NAME

☐ I have known the applicant for \_\_\_\_\_ years

OR

☐ the applicant's English teacher

☐ a fluent (or native) English speaker

☐ This is the interview meeting only

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER'S SIGNATURE

\_\_\_\_\_  
TITLE (RELATIONSHIP TO APPLICANT)

## 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 in most cases. INTERNS must submit a recommendation from a current school official. TRAINEES must submit a recommendation from a current or former employer (no more than 3 years ago) referencing employment of at least 12 months duration.** Current recommendation letters 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 the box that best describes the applicant in regards to:

	EXCELLENT	GOOD	FAIR	POOR
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCEFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSE OF HUMOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### 3. If you are the applicant's current or former employer, please describe the applicant's duties and responsibilities.

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

☐ YES ☐ NO

If "yes", why do you feel that the applicant is suitable to participate in the program?

SIGNATURE OF PERSON GIVING REFERENCE

DATE

ADDRESS

TELEPHONE

EMAIL

## Medical statement

To be completed by a Physician in English.

1. Name of applicant:  2. Birth date:       3. Height:  cm

MONTH DAY YEAR

Weight:  kg 4. Blood pressure:  Pulse:  5. General state of applicant's health: ☐ EXCELLENT ☐ GOOD  
☐ FAIR ☐ POOR

6. 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 - #13

ILLNESS	NO	YES	MONTH	YEAR
CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
POLIOMYELITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
RUBELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
SCARLET FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MALARIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
PARASITES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
GOITER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TETANUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
OTHER				

DISORDERS	NO	YES
SEIZURE DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
SLEEPWALKING	<input type="checkbox"/>	<input type="checkbox"/>
APPENDECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
COUGH (FREQUENT)	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES MILITIS	<input type="checkbox"/>	<input type="checkbox"/>
MIGRAINE HEADACHES	<input type="checkbox"/>	<input type="checkbox"/>
MENSTRUAL DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING OR SPEECH DEFECTS	<input type="checkbox"/>	<input type="checkbox"/>
VERTIGO, DIZZINESS	<input type="checkbox"/>	<input type="checkbox"/>
ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		

7. What was the last date of the applicant's tuberculosis test?

(Include test results with application).

8. Has the applicant ever been hospitalized? ☐ YES ☐ NO

9. Has the applicant had a tetanus shot? ☐ YES ☐ NO

10. Has the applicant ever been advised to have surgery, which has not been done?

☐ YES ☐ NO

11. Is the applicant presently taking medications or injections?

☐ YES ☐ NO

12. Does the applicant presently have any diagnosed condition requiring on-going treatment or check-ups?

☐ YES ☐ NO

13. EXPLANATION in detail of EVERY "yes" answer in items 6 through 12.

14. Allergy Statement: Seasonal or other allergies? ☐ 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 "yes", what medication and dosage?

18. Are there any restrictions on the applicant's participation in physical activities? ☐ YES ☐ NO

If "yes", please explain:

19. I understand that the medical insurance that is required by this program does not cover pre-existing conditions. I have explained to the applicant of any possible pre-existing conditions for which they may need to maintain additional coverage.

SIGNATURE OF PHYSICIAN

DATE

NAME OF PHYSICIAN (PRINT)

PLACE OF EXAMINATION



## 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 agency 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 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 WISE-arranged policy. I authorize the policyholder, employer or benefit plan administrator to provide WISE 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 or their representatives with written notification as to my intent to revoke. I do understand that, if I do not sign this authorization, WISE and their 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 accredited academic institution outside the U.S.

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

A TRAINEE has a degree or a professional certificate from a foreign post-secondary accredited 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 workbased learning program to be provided.**

**Date of interview:**           **Place of interview:**   
MONTH DAY YEAR

**Applicant qualifies for:** ☐ **INTERNSHIP** ☐ **TRAINING PROGRAM**

**Method of interview:** ☐ **FACE-TO-FACE** ☐ **WEB/VIDEO CONFERENCE**

**Interviewer name:**  **Interviewer title:**

**Telephone:**  **Organization:**

\_\_\_\_\_  
SIGNATURE OF INTERVIEWER

## 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:

PARTICIPANT'S NAME

1. I understand that I will be expected to remain on the same training site (or with the same host) 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 training position. I also understand that due to the seasonal nature of the industry and weather accordingly, I will need to be flexible in my schedule.
2. I understand that daily tasks and activities in my placement can vary and I am prepared to accept any shift, schedule, position, or task defined by my host 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 or a wage from my host 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 unless I am paid an hourly wage and this is explained in my outline letter and DS-7002. To do so could result in my disqualification from the program and cause WISE to terminate my program! I also understand that my day-to-day expenses may exceed my compensation.**
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 the United States within my academic or occupational field. Seeking or accepting employment either at my host site or away from my 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 shorten or 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 accident and sickness insurance while I am participating in the program, but that I am responsible to pay for the first \$100 to \$500 charged for each illness or injury (see deductible section in insurance brochure as this changes from year to year).
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 and withdraw sponsorship of my visa.**
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.
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 WISE 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\$750 to cover my expenses until I receive my first compensation, which may not be for 3-6 weeks after my arrival.

## Participant agreement (page 2 of 2)

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 or have misrepresented anything on this application.

Possession or use of illegal drugs, or abusive use of alcohol will result in immediate termination.

15. I agree 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. I agree 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.

---

SIGNATURE

---

DATE

---

NAME (PLEASE PRINT)

## Personal data for DS-2019

**Instructions to applicant:** This form should be PRINTED and reviewed by the applicant to ensure that accurate information has been provided including proper spelling. PLEASE CONFIRM YOUR CORRECT DATE OF BIRTH.

☐ MALE ☐ FEMALE

### Birth date

Month: ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE ☐ JULY ☐ AUGUST  
☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER Day:   Year:

Family name:

First name:  Middle name:

Passport number:  City of birth:

Country of birth:  Citizenship country:

Legal permanent residence country:

Position (insert one from the list below):

See below for commonly used positions. If your correct position is not listed, refer to the Exchange Visitor Category List.

135- Professional or Scientist in City Government  
 214- University Graduate Student  
 215- University Undergraduate Student  
 216- University Medical Student  
 217- University Student in Other Professions  
 314- Employee of Private Business (Not Ag)

335- Institute/Corp Professional or Scientist  
 341- Agriculture Entrepreneur  
 343- Agriculture Manager  
 344- Employee of Agriculture Enterprise  
 345- Professional or Scientist in Agriculture  
 ???- Uncertain of my position code