



APPRENTICE PROGRAM APPLICATION

NAME _____

DATE OF BIRTH _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PREFERRED METHOD OF CONTACT

EMAIL PHONE TIME OF DAY _____

HOW DID YOU HEAR ABOUT AFI AND THE APPRENTICESHIP PROGRAM?



WHAT IS YOUR AVAILABLE START DATE AND DURATION FOR AN APPRENTICESHIP?

WHAT DO YOU HOPE TO GAIN FROM YOUR EXPERIENCE ON A FARM?

DO YOU WANT TO WORK ON A PARTICULAR TYPE OF FARM OR DO YOU HAVE SPECIFIC INTERESTS (E.G. FRUITS, ANIMAL HUSBANDRY, ETC)?

ARE YOU ONLY INTERESTED IN WORKING ON AN ORGANIC FARM OR WOULD YOU WORK ON A CONVENTIONAL FARM AS WELL?

ORGANIC ONLY

ORGANIC OR CONVENTIONAL



DO YOU NEED HOUSING TO BE INCLUDED IN THE APPRENTICESHIP?

YES NO

DO YOU HAVE TRANSPORTATION?

YES NO

CAN YOU DRIVE A MANUAL VEHICLE?

YES NO

REFERENCES:

NAME _____ EMAIL _____ PHONE _____

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Please attach your resume along with the completed application to **info@amagansettfoodinstitute.com**. Thank you.