



Florida International University

College of Arts and Sciences

Veteran and Small Farmer Outreach Program (VeSFO)

FARM APPRENTICESHIP APPLICATION FORM

INSTRUCTIONS: Fill the following form in PRINT writing. Failure to provide information requested on this registration form may result in processing delays. Providing false information will be considered as an automatically disqualifying registration form.

PERSONAL INFORMATION

Last Name _____ **First Name** _____

Mailing Address _____ **City** _____

State _____ **Zip Code** _____ **Date of Birth** ____/____/____

Primary telephone number (____) _____ - _____ is this a Cell Home Office

Primary email address _____

EMERGENCY CONTACT

Last Name _____ **First Name** _____

Mailing Address _____ **City** _____

State _____ **Zip Code** _____

Primary telephone number (____) _____ - _____ is this a Cell Home Office

Primary email address _____

Relationship _____



ELIGIBILITY

Please check the box which applies to you

- | | |
|---|---|
| <input type="checkbox"/> I am a US Citizen | <input type="checkbox"/> I am US Naturalized Citizen |
| <input type="checkbox"/> I am permanent US Resident | <input type="checkbox"/> I am neither, but I have a work permit |
| <input type="checkbox"/> Other | |

DEMOGRAPHIC INFORMATION

This information will be used for statistical purposes only, and it **WILL NOT** be used as criteria for selection for this program. Your responses will be confidential.

Ethnicity (Check One):

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

Race (Check all that applies):

- | | |
|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other: _____ |

Sex:

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Disability Status: (Check if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Individual with a Disability | <input type="checkbox"/> Not applicable |
|---|---|

Reasonable Accommodation: (Explain what type of accommodation you might need.)

Are you a Veteran of the U.S. Armed Forces?

- Yes
 No



ADDITIONAL INFORMATION

Do you own a car or have access to transportation to different areas of Southeast Florida Counties?

- Yes No

How many hours are you willing to commit per week to the Apprenticeship Program (minimum of 5)?

_____ Hours

In the case you are not admitted to our paid apprenticeship, would you be interested in volunteering with our program?

- No Yes. I can do _____ hours per _____ (week, month, quarter)

Are you available to attend our monthly workshops which occur the last Thursday of every month at 5:00pm in the Redlands agricultural area of Miami Dade?

- Yes No

PREVIOUS FARMING EXPERIENCE

Check all that applies:

- No farming experience, but thinking of starting my own farm
- Farming experience as a farm worker, but thinking of starting my own farm
- New farmer with less than 2 year experience
- New farmer with 2 to 5 year experience
- New farmer with 5 to 10 year experience

FARMING INTERESTS

Please select the agricultural areas in which you will like to receive training:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fruits | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Poultry production |
| <input type="checkbox"/> Honey Production | <input type="checkbox"/> Permaculture | <input type="checkbox"/> Ornamental plant production |
| <input type="checkbox"/> Market | <input type="checkbox"/> Value added product | <input type="checkbox"/> Compost |
| <input type="checkbox"/> Other agri-bussiness | | |



Please use the space provided to answer the following questions

- Please describe your future possible agricultural operation (include space, crops, location, etc.):

- In the best of scenarios, please provide a timeline for the start of your agri-business:

I, _____, certify all of the information indicated in this application is correct, and I agree to abide by the rules and duties of the FIU VeSFO Farm Apprenticeship Program

Signature: _____

Date: _____

Printed Name: _____