



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

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

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

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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

