

# GAPC Farmworker Registration Packet



## Thank you for Choosing GAP Connections

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Thank you for selecting GAPC to train your workers on important regulatory, safety and labor management topics. This packet will collect information about the chosen topics and participants in the training. This information allows us to print the training certificate cards and to show the impact of our program at the end of the year. GAPC never publicly shares or communicates individual farm level data. This data is stored confidentially and only used to produce aggregate statistics to show the impact of GAPC programs and the efforts of growers within an industry.

## GAPC Grower Members

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If employer does not have a Grower ID, leave the Grower ID blank, and complete the non-GAPC Member section.

Grower ID	Full Name	Phone	Email	Role <i>(Select all that apply)</i>
				<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor
				<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor
				<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor

## Non-Member Growers

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Full Name	Phone	Email	Role <i>(Select all that apply)</i>
			<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor
			<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor
			<input type="checkbox"/> Owner/Employer <input type="checkbox"/> Supervisor

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## Contact Information for Training

<b>Name</b>				
<b>Address</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
<b>County</b>				
<b>Phone</b>				
<b>Email</b>				

## Enterprises on the Farming Operation

### Crop

- Alfalfa
- Bahia Grass
- Barley
- Blackberries
- Blueberries
- Canola
- Corn
- Cotton
- Cucumbers
- Hay/pasture
- Hemp
- Kenaf
- Logging/Timber
- Millet
- Nursery Plants
- Oats
- Other Small Grains
- Peanuts
- Pecans
- Popcorn

- Produce
- Pumpkins
- Rapeseed
- Rye
- Sage
- Sod
- Sorghum
- Soybeans
- Speltz
- Strawberries
- Sunflowers
- Sweet Corn
- Sweet Potatoes
- Table or Wine Grapes
- Tobacco
- Triticale
- Watermelon
- Wheat
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Livestock

- Brood Cows
- Chickens
- Dairy Cattle
- Dairy Goats
- Donkeys
- Ducks
- Egg/Egg Houses
- Feeder/Stocker Cattle
- Geese
- Goats
- Guineas
- Hogs
- Horses
- Mules
- Rabbits
- Sheep
- Turkeys
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

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## Topics chosen for Training *(Note that each additional hour of training beyond the 2-hour minimum will be \$100 per hour)*

### GAPC Safety Training Topics

- General Farm Safety<sup>1</sup>
- General Safe Operation of Farm Equipment and Machinery (Tractor and Forklift)<sup>1</sup>
- CPR & First Aid<sup>1</sup>
- COVID-19 Preventative Steps
- Farm Equipment & Machinery Safeguarding<sup>1</sup>
- Farm Emergency Plan & Emergency Response<sup>1</sup>
- Heat Stress<sup>1</sup>
- Use of personal protective equipment (PPE)<sup>1</sup>
- Worker Protection Standards (WPS)<sup>1</sup>

### GAPC Safety Training Topic (Tobacco)

- Green Tobacco Sickness – Symptoms & Treatment<sup>1</sup>
- Barn Safety (Air and Fire-cured Tobacco Operations)<sup>1</sup>
- Prevention of Carbon Monoxide Poisoning (Fire-cured Tobacco Operations)<sup>1</sup>

### GAPC Labor Training Topics

- Housing Orientation for Employer Provided Housing
- Human Trafficking Awareness & Prevention
- Sexual Harassment

### GAPC Labor Training Topic (Food Safety)

- Worker Health and Hygiene (Produce Operations)

### GAPC Labor Training Topic (Tobacco or Hemp)

- GAPC Worker Rights and Responsibilities and Worker Concern Helpline<sup>1</sup>

### GAPC Crop Training Topics

#### Tobacco

- Non-Tobacco Related Material (NTRM)<sup>1</sup>
- Crop Integrity and Market Preparation<sup>1</sup>

#### Hemp

- Non-Hemp Related Material (NHRM)<sup>1</sup>

### GAPC Customized Topics (\$75 per topic)

- Specific to a Certification Scheme<sup>2</sup>
- Specific Safe Operation of Equipment on Your Farm<sup>2</sup>
- You Choose<sup>2</sup>

### GAPC FLC Training Topics

- GAPC Certification Farm Labor Contractor (FLC) Records

### GAPC Grower Training Topics

- GAPC Certification Labor Records

<sup>1</sup>Indicates this topic is required for GAPC Tobacco and/or Hemp Certification.

<sup>2</sup>Grower will need to provide information to trainer or participate in training and have trainer translate.

## Number of Participants and Language

**How many individuals will be participating in training?**

Number: \_\_\_\_\_

**Will you be sharing this training with another operation?** If so, (name and phone

number): \_\_\_\_\_

**What language(s) will training be needed?**

- English, Number: \_\_\_\_\_
- Spanish, Number: \_\_\_\_\_

## Supplies Available for Training

The training offered is a combination of verbal and visual presentations and interactive activities. The participants will need space to move around and places to sit in a covered or shaded area. We will be bringing a projector, screen, training materials, and table for projector and materials. Electricity and wi-fi is not required but preferred. If you need us to bring chairs and/or a tent there will be a \$75 set-up and take down fee added to training.

**Please check the following items that you will be able to supply for the number of participants:**

- Chairs/benches/seats
- Table(s)
- Covered or shaded area
- Electricity
- Wi-fi
- I will need GAPC to bring the following  chairs  tent and understand that there will be a \$75 set-up and take down fee added to training cost.

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## Training Location

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<b>Farm Name</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone</b>					
<b>Not every farm address is easily located via GPS or online map services. Please provide any additional directions that would help the trainer get to your operation.</b>					

## Training Agreement

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I, the undersigned, represent and warrant that I am of majority age and have requested that GAP Connections, Inc. ("GAPC") provide certain health, safety, and labor rights training (the "Training") to farm workers on my property located at the address listed above (the "Property"). The undersigned will be hereinafter referred to as "I," "Me," or "My."

In consideration of GAPC's providing the Training at the Property, I, on my own behalf and on behalf of My representatives, heirs, next of kin, spouse, successors, and assigns, do hereby: RELEASE, ACQUIT, AND DISCHARGE GAPC and all of GAPC's employees, agents, representatives, members, officers, predecessors, successors, heirs, and assigns (the "Releasees"), from any and all damages, rights, claims, demands, actions, liabilities, and causes of action whatsoever, whether accrued or unaccrued, arising out of or which in any manner relate to the Training, including, without limitation, any claims for personal or bodily injury, death, or property damage; provided, however, that this release shall not extend to claims arising out of the gross negligence or willful misconduct of the Releasees.

Agree that if, in spite of this agreement, I or anyone on my behalf makes a claim against the Releasees, or any of them, arising out of or in any way related to the Training, other than due to the gross negligence or willful misconduct of the Releasees, I will INDEMNIFY AND HOLD THE RELEASEES, AND EACH OF THEM, HARMLESS from and against any litigation expenses, attorneys' fees, loss, liability, damage, or costs they may incur due to such claim.

I Acknowledge that the Training is designed to educate the participants on safe and best work practices and, if applicable, to meet certain training requirements of certain government agencies. However, participation in the Training and/or following the practices described in the Training does not guarantee compliance with all applicable laws, regulations, and requirements (collectively, "Laws"); and I remain responsible for ensuring my own compliance with all such Laws.

I Acknowledge that the terms herein are contractual and not a mere recital and that I have signed this Agreement voluntarily and of my own free act. If any part of this Agreement is held unenforceable, such part shall be modified to the smallest extent necessary to make it enforceable and the remainder of this Agreement shall continue to be in full force and effect.

Represent and warrant that I have made an independent evaluation of the risks associated with the Training and that no oral representation, statement, or inducement has been made to me by Releasees with respect to the risks of the

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Training. I further represent and warrant that I have carefully read and understand this Agreement and that I HAVE CONSULTED WITH OR HAVE HAD THE OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL concerning this Agreement.

I agree to pay for training according to the fee structure listed below including for training time that is added at training event. Additional costs accrued on day of training will be invoiced to grower via email or mail.

## GAPC Grower Members

- Minimum 2-hour training (on-farm: \$400, virtual: \$300)
- Each additional hour beyond 2 hours is priced at \$100 per hour

## Non-Members

- Minimum 2-hour training (on-farm: \$500, virtual: \$400)
- Each additional hour beyond 2 hours is priced at \$100 per hour

Customized Topic Fee: \$75 per topic

Farm Labor Contractor Review: \$50 per FLC

Set-up and take down fee: \$75

Grower/Owner's Name	Signature	Date

## Picture Release Form

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I hereby grant to *GAP Connections, Inc.* its officers, directors, members, legal representatives and assigns, those for whom *GAP Connections* is acting, and those acting with its authority and permission, the irrevocable, unrestricted and absolute right and permission to copyright, in its own name or otherwise, and use, reuse, publish, re-publish, adapt, reproduce, alter or distribute, in whole or in part photographic portraits of myself, my property, and this training.

I agree that all such pictures and/or reproductions thereof, and plates and negatives connected therewith, are and shall remain the property of GAP Connections.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless GAP Connections, its officers, directors, members, legal representatives and assigns, and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

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I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I have read and understand the above:

Grower/Owner's Name	Signature	Date

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## Training Participants

	Name	Age or DOB	Gender	Home Country	Language	Role	Classification	
1			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
2			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
3			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
4			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

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	Name	Age or DOB	Gender	Home Country	Language	Role	Classification	
5			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
6			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
7			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
8			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
9			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____



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	Name	Age or DOB	Gender	Home Country	Language	Role	Classification
10			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
11			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
12			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
13			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
14			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

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	Name	Age or DOB	Gender	Home Country	Language	Role	Classification	
15			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
16			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
17			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
18			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
19			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

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20			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
21			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
22			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
23			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
24			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

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25			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
26			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
27			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
28			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
29			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect	<input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____

# GAPC Farmworker Registration Packet



	Name	Age or DOB	Gender	Home Country	Language	Role	Classification
30			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
31			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
32			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
33			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> Supervisor <input type="checkbox"/> Year-round Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Family <input type="checkbox"/> Observer	<input type="checkbox"/> H-2A Direct <input type="checkbox"/> H-2A Indirect <input type="checkbox"/> Migrant Direct <input type="checkbox"/> Migrant Indirect <input type="checkbox"/> Local Direct <input type="checkbox"/> Local Indirect <input type="checkbox"/> Vocational <input type="checkbox"/> Family <input type="checkbox"/> Other: _____