

# GAPC Farmworker Registration Packet



## Thank you for Choosing GAP Connections

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Thank you for choosing GAPC to train your farm workers on important regulatory, safety, and labor management topics. This packet collects information on the training topics and participants. The information allows GAPC to issue worker training cards, training documents for the farm operation, and to show impact from the training program. GAPC does not publicly share or communicate individual farm level information. The information collected is kept confidential and used to show the impact of the farmworker training program.

## GAPC Grower Members

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If an employer does not have a Grower ID, complete the Non-Member Grower(s) section.

Grower ID	Full Name	Phone	Email	Role (Select all that apply)
				<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-Members

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Full Name	Phone	Email	Role (Select all that apply)
			<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

Name				
Address				
City		State		Zip
County				
Phone				
Email				

## Enterprises on the Farming Operation

### Crop

- ☐ Alfalfa
- ☐ Bahia Grass
- ☐ Barley
- ☐ Blackberries
- ☐ Blueberries
- ☐ Canola
- ☐ 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
- ☐ 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/Stock Cattle
- ☐ Geese
- ☐ Goats
- ☐ Guineas
- ☐ Hogs
- ☐ Horses
- ☐ Mules
- ☐ Rabbits
- ☐ Sheep
- ☐ Turkeys
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

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

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### **Annual Training Required for GAP Tobacco and/or Hemp Certification**

- ☐ All required training topics for Certification Compliance

### **GAPC Safety Training Topics**

- ☐ Heat Illness and Heat Illness Prevention<sup>1</sup>
- ☐ General Farm Safety and Safe Operation of Farm Equipment and Machinery<sup>1</sup>
- ☐ First Aid<sup>1</sup>
- ☐ Carbon Monoxide Poisoning Prevention<sup>1</sup>  
(Fire-cured Tobacco Operations)<sup>1</sup>
- ☐ Pesticide Safety (including Recognition of REI and storage, handling, application, and disposal of CPAs)<sup>1</sup>
- ☐ Personal Protective Equipment (PPE)<sup>1</sup>
- ☐ Green Tobacco Sickness (GTS)<sup>1</sup>
- ☐ Emergency Response Procedures<sup>1</sup>
- ☐ Worker Protection Standards (WPS)<sup>1</sup>
- ☐ Barn Safety  
(Air & Fire-cured Tobacco Operations)<sup>1</sup>
- ☐ Basic CPR
- ☐ Preventative Steps for Communicable Illnesses

### **GAPC Crop Integrity Training Topics**

#### **Tobacco**

- ☐ Grade Separation (Air & Fire-cured Operations)<sup>1</sup>
- ☐ Non-Tobacco Related Material (NTRM)<sup>1</sup>
- ☐ Proper Baling and Market Separation<sup>1</sup>

#### **Hemp**

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

### **GAPC Safety Training for Produce/Food Handling Operations**

- ☐ Worker Health and Hygiene

### **GAPC Labor Training Topics**

- ☐ Child Labor Awareness for Farmworkers
- ☐ Housing Orientation for Employer Provided Housing
- ☐ Human Trafficking Awareness & Prevention
- ☐ Illegal Recruitment Fees
- ☐ Sexual Harassment

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

- ☐ GAPC Worker Rights and Responsibilities<sup>1</sup>
- ☐ GAPC Worker Concern Helpline<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>
- ☐ Your Choice<sup>2</sup>

### **GAPC FLC Training Topics**

- ☐ GAPC Certification Farm Labor Contractor (FLC) Records

### **GAPC Grower Training Topics**

- ☐ GAPC Certification Labor Records

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<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.

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## Number of Participants and Language

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How many individuals will be participating in the training?

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

What language(s) for training will be needed?

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

Will you be sharing this training with another operation? If so, (name and phone number): \_\_\_\_\_

## Supplies Available for Training

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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, and training materials. Electricity and wi-fi are not required but preferred.

If you need us to bring chairs and/or a tent there will be a \$75 set-up and takedown fee added to training.

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

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

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## Training Location

Training Location or Farm Name					
Address					
City		State		Zip	
Phone					
<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

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 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 training time that is added at training event. Additional costs accrued on the day of training will be invoiced to the 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

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 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	Date of Birth	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	Date of Birth	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	Date of Birth	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	Date of Birth	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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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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	Name	Date of Birth	Gender	Home Country	Language	Role	Classification
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	Date of Birth	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: _____
34			<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	Date of Birth	Gender	Home Country	Language	Role	Classification	
35			<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: _____
36			<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: _____
37			<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: _____
38			<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: _____
39			<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	Date of Birth	Gender	Home Country	Language	Role	Classification	
40			<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: _____
41			<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: _____
42			<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: _____
43			<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: _____
44			<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	Date of Birth	Gender	Home Country	Language	Role	Classification	
45			<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: _____
46			<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: _____
47			<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: _____
48			<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: _____
49			<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: _____