ASSDP Wool Handler Application

Please fill out and mail application to:
ASSDP
P.O. Box 65
Roberts, MT 59070

This application is for the school starting in: 2024   2025   2026
(Please circle one)

Name:

Age:

Phone:

Have you ever attended a wool handling or classing school before? (If yes, when and where?)

Do you have any experience handling wool on a farm or shearing crew?

If so, what is the approximate total pounds of wool you have been involved in handling(# of head x10)?

What experience, if any, do you have in the sheep industry?

What is your main reason for wanting to be in the ASSDP?

Do you have a current passport?

Have you traveled outside the USA before?

What part of the program are you most interested in?

What part of the program, if any, do you have concerns about?

Upon completion of the program what is your desired career path?
Circle all that apply.

Handle wool on a crew in the USA.   Work with farm flocks in the USA.

Work with wool in other countries.   Be a wool classer in the US.

Become a commercial shearing contractor.   Be a wool handling instructor.

Be a sheep producer.   Other_____

By signing below I understand and agree to the terms of the program that are as follows,

  ASSDP is a three year training program, students will work on the American crew or crews they are placed with for the American shearing season during each of the years they are in the program.

  Any and all equipment not purchased by the student belongs to the program and must be returned to the program administrator upon the student leaving or program completion.

  Before air fair to Australia is purchased for the student they must fulfill the goals set by their instructors. Have successfully applied for their Australian work visa, And have a valid passport.

  Students will be ready to accept instruction and work in a professional manner both in the US and Australia, disorderly conduct, illegal substance use, and animal cruelty are grounds for immediate dismissal from the program and will not be tolerated.

Date _____

Signature _____

Program Administrator _____