

POLSKI ZWIĄZEK PRODUCENTÓW ROŚLIN ZBOŻOWYCH

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YOUNG FARMERS EXCHANGE PROGRAM

POLAND – TEXAS 2023

Your photo

APPLICATION FORM

| 1. | Personal data | | Name and surname | age | sex | M F |
|----|---------------------------|--------------|------------------|--------------|-----------|--------|
| | Address | | post code | town/village | street nu | |
| 2. | | | | | | |
| 3. | Region | | | | | |
| 4. | e-mail address | | | | | |
| | telephone/fax number | | | | | |
| 5. | Emergency contact | (name) | | | | |
| | | Phone/e-mail | | | | |
| 6. | Type of farm/area | | | | | |
| 7. | Types of production | | | | | |
| 8. | Education | | technical | univers | sity 🗌 |] |
| 9. | Name of school/university | | | | | |

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| 10. | Membership in organization/lead experiences | lership | | | | | | | |
|-----|---|---------|---------|-------|--------------|-----------------------|-------|------|--|
| | Family members- mother, father (or foster-mother/father), brothers and sisters | | | | | | | | |
| 11. | name relationship | | p age | e jol | b | interests and hobbies | | | |
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| | | | | | | | | | |
| 12. | Personal hobbies or interest | | | | | | | | |
| 13. | Serious diseases, operations, allergies (when/year, what kind) | | | | | | | | |
| 14. | Important information abou candidate (for example abou diet), covid -19 vaccination | | | | | | | | |
| 15. | Religion | | | | | | | | |
| 16. | Preferred production on farm in Texas | | | | | | | | |
| | Knowledge of English language | | | | very good | good | basic | poor | |
| 17. | Communication skills | | | | | | | | |
| 17. | Writing | | | | | | | | |
| | Reading | | | | | | | | |
| | Language ability (other than English) | | languag | ge | | | | | |
| 18. | | | | | | | | | |
| | Why do you want | to | | | | | | | |
| 19. | participate in the Farmers Exchange | Young | | | | | | | |

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| 20. | Do you have any specific farming/agriculture skills ? | YES | NO |
|-----|---|-----|----|
| | Do you have driving license? | | |
| | Do you have driving license for tractor? | | |
| | Can you pull a trailer? | | |
| | Can you operate any farm equipment? | | |
| 21. | How did you hear about this program? | | |
| | | | |

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Date, signature of participant

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