

## POLSKI ZWIĄZEK PRODUCENTÓW ROŚLIN ZBOŻOWYCH

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YOUNG FARMERS EXCHANGE PROGRAM
ΡΟΙ ΔΝΩ -ΤΕΧΔS 2024

Your photo	
Your photo	

## **APPLICATION FORM**

1.	Personal data		Name and surname	age	sex	М	
						F	
2.	Address		post code	town/village	street nui	mber	
3.	Region						
4.	e-mail address						
4.	telephone/fax	number					
5.	Emergency	(name)					
	contact	Phone/e-mail					
6.	Type of farm/ar	ea					
7.	Types of produc	ction					
8.	Education		technical [	univers	ity		
9.	Name of school	/university					

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10.	Membership in organization/leado experiences	ership								
	Family members-	mother, fath	ner (or f	foste	r-mother/fat	ther),	brothers a	nd sisters		
	name	relationshi	p ag	e jo	b		interests a	ınd hobbie	:S	
11.										
12.	Personal hobbies	or interest								
13.	Serious diseases allergies ( when/ye	s, operation								
14.	Important information in the candidate (for each diet), covid -19 van	example ab	out							
15.	Religion									
16.	Preferred product Texas	ion on farm	in							
	Knowledge of Eng	lish languag	e				very good	good	basic	poor
17.	Communication sk	kills								
	Writing									
	Reading									
	Language ability (other than English	h)	langua	ge						
18.										
	Why do you want	to								
19.	participate in the	Young								
19.	Farmers Exchange	Program								

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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











