

POLSKI ZWIĄZEK PRODUCENTÓW ROŚLIN ZBOŻOWYCH

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YOUNG FARMERS EXCHANGE PROGRAM	/
POLAND –TEXAS 2025	

	Your photo	

APPLICATION FORM

1. Personal data		Name and surname	age	sex	М		
						F	
2.	Address		post code	town/village	street nu	mber	
3.	Region						
4.	e-mail address						
4.	telephone/fax ı	number					
5.	Emergency contact	(name)					
5.		Phone/e-mail					
6.	Type of farm/ar	ea					
	,, ,						
7.	7. Types of production						
8.	Education		technical [univers	sity \Box]	
9.	Name of school/university						
	Membership in						
10.							
	experiences						

	Family members- mother, father (or foster-mother/father), brothers and sisters							
	name	relationship	age	job	interests a	ind hobbie	S	
11.								
12.	Personal hobbies	or interest			,			
13.	Serious diseases allergies (when/y	· ·						
14.	Important information information in the condition in the							
15.	Religion							
16.	Preferred production on farm in Texas							
	Knowledge of English language				very good	good	basic	poor
17.	Communication skills							<u>i</u>
	Writing							
	Reading							
	Language ability (other than English		guage					
18.								i
19.	Why do you want participate in the Y	Young						

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