

Ve'ahavta: The Canadian Jewish Humanitarian & Relief Committee International Volunteer Application

cheque accepted. Completed application form Current CV Personal statement (for firs	sit will be refunded only if you <u>ar</u> n	e not accepted as a	a volunteer on this program). Credit card,	cash or
PART I - Current Contact Informa	tion			
First name	Last name		<u> </u>	
Address			d m y Apartment/Unit number	
City/town	Province		Postal code	
Home phone	Work phone		Cell phone	
Email address			_	
Passport number	Nationality on Passport		Expiry date	
Name as it appears on your passpo	ort:			
Emergency Contact #1 Name		_Relationship		
Daytime phone	Evening phone			
Address		_E-mail address _		
Emergency Contact #2 Name		_ Relationship		
Daytime phone		_ Evening phone		
Address		_E-mail address_		
PART II – QUESTIONS				
Program preference:			_	
Preferred dates of travel:	to			
What role are you applying for?				
☐ Physician ☐Specialty:	Pharmacist		Occupational Therapist	
Registered Nurse Specialty:	Optometrist		Physiotherapist	
Laboratory Technician Specialty:	Social Worker		Educator	

☐ Pharmacist	Dietician	Other Please specify:
1. Do you have experience working in th	e developing world? Please describe:	_
2. Do you have experience camping, wor	king, or living in physically challenging co	nditions? Please describe:
3. What, if any, is your religious affiliation	on?	
4. Are there any dietary or medical cond	itions we should know about? (Allergies, st	amina, ability to cope with heat, kosher or
vegetarian diet?)		
5. Please rate your fitness level:		
□Low □Medium □High		
6. Are you receiving any type of psychol	ogical treatment? Can you anticipate any m	nental or emotional issues that might arise during
the program?		
7. Have you had any cross-cultural experthis experience? Please describe:	riences, either through travel or in your pro	fessional life, that you feel have prepared you for
8. Do you have any concerns or reservati	ions about volunteering for this program?	
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PART III - PERSONAL STATEMENT

If this is your first international program with Ve'ahavta, please include a personal statement on a separate page which will give us some insight into:

- > Why you wish to volunteer, what you hope to get out of the program, and which aspect of the program is of greatest interest to you
- What you would contribute as a volunteer both overseas and upon return
- A major challenge in your life and how you overcame it
- ➤ Whether you intend to do further research and learning in preparation for your trip
- What else we should know about you your hobbies, talents, passions, etc.

STATEMENT OF ACCURACY

The information contained in this application is complete and accurate to the best of my knowledge.

		,	/	/
Applicant Signature	date	day	month	year

Once complete, please send this form to:

Sarah Zelcer
Director of International Projects & Education
Ve'ahavta: The Canadian Jewish Humanitarian & Relief Committee
2221 Yonge Street, Suite LL12
Toronto, ON M4S 1C1
(416) 964-7698 (tel)
(416) 964-6582 (fax)
sarah@veahavta.org

Thank you for applying to Ve'ahavta! We look forward to speaking with you soon. If you have not heard from us within one week of submitting a faxed application, or two weeks of submitting a mailed application, please contact us to confirm that your application has been received.

Ve'ahavta does not discriminate based on race, national origin, religion, age, sex, handicap, political affiliation, or sexual orientation.

