

APPLICATION PROCEDURE

Welcome to VFI!

NOTE: THE APPLICATION IS TIME SENSITIVE. Check with your [REGIONAL MANAGER](#) for deadlines.

CHECK YOUR PASSPORT'S EXPIRATION DATE. It must be valid for seven (7) months from the date you leave Israel. If not, apply for a new passport immediately.

Read through the entire Application packet first, particularly the [medical forms](#) and the [reasons for exclusion](#). View our [website](#) and check the [FAQ](#) page. Many of your questions will be answered there.

PRINT and FILL IN ALL FORMS, and sign the declarations and waivers.

- Take the **MEDICAL FORMS** to your physician for completion at your physical exam.
- If you are **UNDER 18** at the time you sign, a parent or guardian must co-sign each form and you must submit the "[Under-18 Consent Form](#)."

In addition to the FORMS included in this packet, you must also SUBMIT THE FOLLOWING ITEMS TO YOUR REGIONAL MANAGER:

- **The picture page of your valid passport.**
- **Proof that you have medical coverage in Israel** or reimbursement for emergency costs incurred out of the country through your U.S. policy, i.e., a photocopy of the **front and back of your insurance card** or a written statement from the insurance company. **NOTE: Medicare will not cover you in Israel.**
- **Two letters of recommendation** (first-time applicants only). One letter should be from a rabbi, other member of the clergy or a community representative. The second reference may be from a colleague or friend.
- **A check made out to "VFI"** to cover non-refundable Application fees and donations. The cost is \$100 (\$60 for volunteers returning within 12 months); \$55 for students.

KEEP A COPY OF ALL PARTS OF YOUR APPLICATION FOR YOUR PERSONAL FILES, AS YOU MUST BRING THREE (3) SETS OF SOME FORMS TO ISRAEL. YOU WILL PRESENT TWO (2) SETS TO THE SAR-EL COORDINATOR IN ISRAEL AND KEEP THE THIRD WITH YOU.

- The [CHECKLIST](#) below will help you to organize and complete your Application.
- **SUBMIT all completed Application forms to your Regional Manager.** See [CONTACT US](#) on our website (www.vfi-usa.org) or call 866-514-1948.
- **Contact your Regional Manager to set up your interview** (for first-time applicants or those who have not volunteered in the past 5 years).

MAKE YOUR FLIGHT PLANS AFTER YOU ARE ACCEPTED TO THE PROGRAM, paying attention to the arrival/departure time requirements listed on our [VFI TRAVEL INFORMATION](#) form. **Submit the form to your Regional Manager.**

GET READY FOR THE ADVENTURE OF A LIFETIME!

VFI APPLICATION CHECKLIST

NOTE: MAKE ONE (1) COPY OF ALL FORMS BELOW AND GIVE THEM TO YOUR REGIONAL MANAGER.

IN ADDITION, MAKE THREE (3) COPIES OF EACH FORM in BOLD PRINT IN THE SHADED AREA BELOW. You will be required to present two (2) sets of these forms to the Sar-El Coordinator at the airport in Israel and carry a third set with you at all times, in case of emergency. (Copy the Under-18 form only if it is relevant.)

| | |
|------------------------------|---|
| <input type="checkbox"/> Yes | Non-Refundable Application Fee. Check made out to "Volunteers for Israel." \$ _____ |
| <input type="checkbox"/> Yes | Tax-Deductible Donation (optional) \$ _____ |
| <input type="checkbox"/> Yes | Program Application, Part I |
| <input type="checkbox"/> Yes | Program Application (Emergency Contact/Signed Declaration), Part II; Page 2 |
| <input type="checkbox"/> Yes | Notice of Privacy Practices/Exclusions Form; Page 3 |
| <input type="checkbox"/> Yes | VFI Medical Release Form; Page 4 |
| <input type="checkbox"/> Yes | VFI Medical Information Form; Page 5 |
| <input type="checkbox"/> Yes | Signed Release and Indemnification; Page 6 |
| <input type="checkbox"/> Yes | Proof of Medical Coverage (not Medicare). Copy of both sides of Health Insurance Card and/or copy of trip insurance that covers medical expenses in Israel |
| <input type="checkbox"/> Yes | Photocopy of Passport Picture Page |
| <input type="checkbox"/> Yes | Under-18 Informed Consent Form, if applicable — (all other forms co-signed) |
| <input type="checkbox"/> Yes | Two Letters of Recommendation (first-time applicants) |
| <input type="checkbox"/> Yes | Interview Appointment Date _____ Time _____ |
| <input type="checkbox"/> Yes | Travel Information Form (after acceptance) |

QUESTIONS? CONTACT YOUR REGIONAL MANAGER OR CALL 866-514-1948



GIVE 1 COPY TO YOUR REGIONAL MANAGER

PROGRAM APPLICATION (Part I)

Please COMPLETE, SIGN, DATE and return with a non-refundable \$100 Application fee (\$60 for volunteers returning within 12 months); \$55 if you are a student.

| | | | | | |
|---|--|-------------------------------|---|---|-----------------|
| PROGRAM START DATE: (MM/DD/YYYY) | | END DATE: (MM/DD/YYYY) | | PLACE ON BASE WITH: | |
| INTERNATIONAL YOUTH PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | TAGLIT-BIRTHRIGHT EXTENSION: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PERSONAL INFORMATION | | | | | |
| LAST NAME: | | FIRST: | MIDDLE: | GENDER: <input type="checkbox"/> M <input type="checkbox"/> F | MARITAL STATUS: |
| OCCUPATION OR PAST OCCUPATION: | | | | BIRTH DATE: | AGE: |
| IF STUDENT – SCHOOL: | | | | YEAR OF GRADUATION: | |
| RELIGIOUS AFFILIATION: <input type="checkbox"/> ORTHODOX <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> REFORM <input type="checkbox"/> RECONSTRUCTIONIST <input type="checkbox"/> JEWISH-OTHER <input type="checkbox"/> MESSIANIC <input type="checkbox"/> NON-JEWISH | | | | | |
| T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | | | | | |
| STREET ADDRESS: | | | | APT. NO. OR P.O. BOX: | |
| CITY: | | | | STATE: | ZIP CODE: |
| HOME PHONE NO.: | | CELL PHONE NO.: | WORK PHONE NO.: | EMAIL: | |
| PASSPORT INFORMATION | | | | | |
| PASSPORT NO. | | EXPIRATION DATE: (DD/MM/YYYY) | ISSUING COUNTRY: | COUNTRY OF BIRTH: | |
| WHERE HAVE YOU TRAVELED IN THE LAST 5 YEARS? LIST COUNTRIES AND DATES: | | | | | |
| | | | | | |
| | | | | | |
| PROGRAM INFORMATION | | | | | |
| HAVE YOU BEEN ON OUR PROGRAM BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| DATES & LOCATIONS: | | | | | |
| | | | | | |
| HOW DID YOU HEAR ABOUT VOLUNTEERS FOR ISRAEL? | | | | | |
| <input type="checkbox"/> NEWSPAPER/ARTICLE (NAME): _____ | | | <input type="checkbox"/> VFI BROCHURE; PRESENTATION; ETC. (NAME): _____ | | |
| <input type="checkbox"/> WEB SEARCH / SITE: _____ | | | <input type="checkbox"/> FRIEND/FAMILY (NAME): _____ | | |
| <input type="checkbox"/> ORGANIZATION (NAME): _____ | | | <input type="checkbox"/> OTHER (NAME): _____ | | |
| | | | | | |

CONTINUE TO NEXT PAGE, PROGRAM APPLICATION (PART II).

GIVE 1 COPY TO YOUR REGIONAL MANAGER
BRING 3 COPIES OF THE COMPLETED FORM TO ISRAEL

PROGRAM APPLICATION (Part II)

EMERGENCY CONTACT INFORMATION

APPLICANT'S NAME:

APPLICANT'S EMAIL:

IN CASE OF EMERGENCY: HOME CONTACT

LAST NAME:

FIRST NAME:

RELATIONSHIP:

HOME PHONE NO.:

CELL/WORK PHONE NO.:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

IN CASE OF EMERGENCY: CONTACT IN ISRAEL (IF AVAILABLE)

LAST NAME:

FIRST NAME:

RELATIONSHIP:

HOME PHONE NO.:

CELL/WORK PHONE NO.:

ADDRESS:

CITY:

ZIP:

TERMS & CONDITIONS:

Neither Volunteers for Israel nor any co-sponsor is liable or responsible for injury or damage directly or indirectly to persons or property in connection with any transportation, accommodations, tour program, other services, or resulting from a breakdown in machinery or equipment, acts of government or other authorities, wars, terrorism, civil disturbances, strikes, thefts, delays, cancellations or changes in itinerary, or from any other causes beyond the control of Volunteers for Israel, its principals, or any other co-sponsor.

REASONS FOR DISMISSAL FROM THE PROGRAM:

Volunteers for Israel reserves the right to accept or reject any person from the program. **Proselytizing** in any form will result in immediate dismissal from the program. Upon the decision of the program staff in Israel, **possession and/or use of alcohol or illegal drugs**, or **refusal to abide by the regulations of the work site**, may also result in immediate dismissal from the program.

DECLARATION: I have read the TERMS AND CONDITIONS included with this Application. I understand these terms and agree they shall be binding on me. I further agree that my disregard for these policies will be sufficient grounds for my expulsion from the program without refund, and any additional expense will be borne by me. I am in good health and have disclosed any illness or other condition that would impede my performance of heavy physical labor. In participating as a VOLUNTEER FOR ISRAEL, I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces.

SIGNATURE:

DATE:

GIVE 1 COPY TO YOUR REGIONAL MANAGER
 BRING 3 COPIES OF THE COMPLETED FORM TO ISRAEL

MEDICAL PACKET

NOTICE OF PRIVACY PRACTICES/EXCLUSIONS

(Present this to your physician with VFI MEDICAL RELEASE form and VFI MEDICAL INFORMATION form.)

FOR THE APPLICANT:

By completing and signing this medical information form, you authorize Volunteers for Israel (VFI) to receive personal health information about you from your physician, and to disclose that information as needed within the network of VFI and its Israel affiliate, Sar-El, in consideration of your participation as a volunteer. VFI/Sar-El will make every effort to protect the privacy of your health information. We may use and/or disclose health information about you to entities and/or under circumstances which may include:

- To determine your eligibility to participate in the Volunteers for Israel work program
- To provide emergency health care services to you while participating in the VFI program
- To prevent a serious threat to your health and safety or the health and safety of the public or another person

| | |
|------------------------|-------|
| APPLICANT'S SIGNATURE: | DATE: |
|------------------------|-------|

FOR THE PHYSICIAN:

I have been advised by the applicant and acknowledge that he/she cannot participate in the VFI/Sar-El program or may be asked in Israel to leave the VFI/Sar-El program if he/she has medical conditions that put him/her at risk or which burden other volunteers or staff members. These conditions include but are not limited to: **Heart conditions or uncontrolled high blood pressure** that puts volunteers at risk. **Pacemaker: Applicants with Pacemakers are not eligible.** **Sleep Apnea:** No person can participate with obstructive sleep apnea that (i) causes loud snoring, gasping, or choking which may interfere with the sleep of other volunteers in a multiple bunk room, and/or will put volunteers in danger during the work day e.g. daytime fatigue. (ii) Volunteers with controlled sleep apnea via use of a CPAP machine may participate in VFI/Sar-El only if the CPAP includes Battery Backup. **Physical disabilities which require leg prostheses or other assistive technologies** including walkers, walking sticks or canes. **Active HIV or AIDS. Diabetes which requires daily use of refrigerated insulin.** Refrigeration is not available on every base and therefore any volunteer with any condition which requires refrigerated medication will not be able to participate. **Fitness:** No person can participate in a VFI/Sar-El program unless they can (1) walk one mile on uneven surfaces and (2) lift an object weighing 20 pounds.

| | |
|-------------------------------|-------|
| MEDICAL EXAMINER'S SIGNATURE: | DATE: |
|-------------------------------|-------|



GIVE 1 COPY TO YOUR REGIONAL MANAGER
BRING 3 COPIES OF THE COMPLETED FORM TO ISRAEL

MEDICAL PACKET

VFI MEDICAL RELEASE

*(Present this to physician with NOTICE OF PRIVACY PRACTICES/
EXCLUSIONS form and VFI MEDICAL INFORMATION form.)*

DEAR MEDICAL EXAMINER:

Your evaluation is important to us. Ours is a **WORK** program that involves austere living conditions and other stresses related to visiting a foreign country. This includes communal living in barracks facilities, in most instances without air conditioning or central heating, often working in the hot sun or under other adverse weather conditions, performing physical labor which can include lifting, bending, climbing stairs, and being on one's feet for long periods of time. Your assessment of this applicant's physical condition and psychological status is a significant factor in determining acceptance into our program. **Please be diligent in your evaluation. Please do NOT approve someone who has medical or psychological problems that may cause harm to themselves or others by undertaking this work.**

| | |
|--|----------------|
| APPLICANT'S NAME: | DATE OF BIRTH: |
| HOW LONG HAS APPLICANT BEEN A PATIENT OF YOUR PRACTICE?: | |

PHYSICAL OVERVIEW (separate Medical Information Form must be completed also):

- Is applicant capable of performing physical labor, including lifting 20 pounds? _____
- Are cardiac and respiratory status acceptable for heat exposure and physical exertion? _____
- Can applicant climb stairs and walk one mile over uneven surface without difficulty or assistance? _____
- Will change in diet cause concern for health problems (higher salt and sugar content)? _____

PSYCHOLOGICAL OVERVIEW:

- Is applicant flexible, agreeable, capable of working and associating with new people? _____
- Any history of mental illness, significant depression, bipolar disorder? _____
- Any use of anti-psychotic medications or illegal drugs? _____
- Currently under the care of a Psychiatrist? (Give Name and Phone #) _____

I have examined the above named applicant and Do Do not consider him / her physically and psychologically qualified to participate in the Volunteers for Israel work program.

| | |
|----------------------------|-------|
| EXAMINER'S SIGNATURE: | DATE: |
| EXAMINER'S NAME (PRINTED): | |
| ADDRESS: | |
| PHONE: | FAX: |

GIVE 1 COPY TO YOUR REGIONAL MANAGER
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MEDICAL PACKET

VFI MEDICAL INFORMATION

*(Present this to your physician with NOTICE OF PRIVACY PRACTICES/
EXCLUSIONS form and VFI MEDICAL RELEASE form.)*

CARRY THIS MEDICAL INFORMATION WITH YOU AT ALL TIMES WHILE IN ISRAEL

| | | |
|--|---|---|
| APPLICANT'S NAME: | | DATE OF BIRTH: |
| INSURANCE COMPANY: | PHONE #: | POLICY #: |
| MEDICAL HISTORY | | |
| HEIGHT: | WEIGHT: | BLOOD PRESSURE: |
| ALLERGIES: | | |
| FOOD ALLERGIES OR MEDICAL DIET (EX: DIABETIC): | | |
| CURRENT MEDS (NAME AND DOSE): | | |
| | | |
| SURGERIES: | | |
| | | |
| CURRENT MEDICAL CONDITIONS: | | |
| <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> HIV+ | <input type="checkbox"/> HEPATITIS |
| <input type="checkbox"/> ANGINA | <input type="checkbox"/> EMPHYSEMA | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> COPD | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> PACEMAKER | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> GI ULCERS | <input type="checkbox"/> CROHN'S / IRRITABLE BOWEL / DIVERTICULOSIS | |
| <input type="checkbox"/> KIDNEY STONES | <input type="checkbox"/> GLAUCOMA | |
| ANY OTHER HEALTH HISTORY OR INFORMATION THAT MAY BE HELPFUL IN THE EVENT THAT EMERGENCY MEDICAL CARE IS NEEDED: | | |
| | | |
| MEDICAL EMERGENCY CONTACT — PHYSICIAN | | |
| PHYSICIAN NAME: | | PHONE NUMBER: |
| CITY/STATE: | | |
| MEDICAL EMERGENCY CONTACT — FAMILY OR FRIEND | | |
| NAME: | | RELATIONSHIP: |
| CITY/STATE: | | PHONE NUMBER: |



GIVE 1 COPY TO YOUR REGIONAL MANAGER
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RELEASE AND INDEMNIFICATION

FOR THE APPLICANT

I hereby agree to participate in the Volunteers for Israel, Inc. ("Volunteers," "VFI") program upon the express understanding and condition that

- 1. I have received and read all of the materials provided to me, including all of the rules, procedures, and guidelines of Volunteers, and I agree to follow all such rules, procedures, and guidelines.
2. I have been advised that the Program may call at times for vigorous exertion and physical effort under spartan living conditions. I declare that I am in good mental health and in good physical condition, and am physically capable of participating in this Program.

Volunteers with medical conditions that put themselves at risk or which burden other volunteers or staff members cannot participate in the VFI/Sar-El program or may be asked in Israel to leave the VFI/Sar-El program. These conditions include but are not limited to:

Heart conditions or uncontrolled high blood pressure that puts volunteers at risk. Pacemaker: Applicants with pacemakers are not eligible. Sleep Apnea: No person can participate with obstructive sleep apnea that (i) causes loud snoring, gasping, or choking which may interfere with the sleep of other volunteers in a multiple bunk room, and/or will put volunteers in danger during the work day e.g. daytime fatigue. (ii) Volunteers with controlled sleep apnea via use of a CPAP machine may participate in VFI/Sar-El only if the CPAP includes Battery Backup. Physical disabilities which require leg prostheses or other assistive technologies, including walkers, walking sticks or canes. Active HIV or AIDS. Diabetes which requires daily use of refrigerated insulin. Refrigeration is not available on every base and therefore any volunteer with any condition which requires refrigerated medication will not be able to participate. Fitness: No person can participate in a VFI/Sar-El program unless they can (1) walk one mile on uneven surfaces and (2) lift an object weighing 20 pounds.

- 3. Should it become necessary, this document shall constitute a release of my medical examination records to the appropriate medical personnel in Israel.
4. I understand that I must carry and provide WRITTEN PROOF of HEALTH AND ACCIDENT INSURANCE that covers all expenses and charges for DOCTORS, HOSPITALIZATION and EMERGENCY CARE that is valid for the full length of time I will be participating in the Sar-El program in Israel — both on and off base. This should include a copy of both sides of my insurance card and a copy of the part of the policy confirming coverage for health care outside the United States. I understand that Medicare will not cover me outside the United States.

I WILL PAY THE COST OF ALL MEDICAL TREATMENT AND GET REIMBURSED FROM MY INSURANCE COMPANY WHEN I RETURN TO THE UNITED STATES (unless the copy I provide of the insurance document expressly states that my insurance payments will be made directly to doctors/hospitals/etc. in Israel).

It has been recommended, but not required, that I carry trip insurance that covers medical expenses in Israel.

- 5. I recognize that there are inherent risks in participating in the Volunteers program, and I hereby expressly assume the risk of all losses, illness, and injury that may result from my participation. In consideration for acceptance of my application for the Volunteers program and the substantial organizational and other benefits provided to me by Volunteers, I hereby expressly waive for myself, my heirs, and assigns, any and all claims, costs, liabilities, defenses, or judgments, including attorneys' fees and court costs (hereinafter collectively called "claims") against VFI or Sar-El arising out of my participation in the Volunteers program, including any losses, illness, or injury suffered by me, while traveling to, from, or participating in the Volunteers program. I hereby further agree to indemnify and hold harmless VFI and Sar-El, their employees, trustees, and officers, and any other persons or entities involved with Volunteers, from and against any and all such claims. I further agree to hold VFI and Sar-El harmless from any and all claims that may be brought against VFI or Sar-El on account of misconduct or negligence on my part. In addition, I recognize and agree that VFI and the Volunteers Program is responsible solely for the Volunteers Program, and has no liability or responsibility for any other program sponsored by any other organization.

Form with fields: SIGNATURE OF PARTICIPANT, DATE, PRINT NAME, DATE OF PROGRAM IN ISRAEL

GIVE 1 COPY TO YOUR REGIONAL MANAGER

VFI TRAVEL INFORMATION

Please do not book your flight until *after* you are approved for the program, unless you plan to travel to Israel anyway.

Sar-El's requirements for arrival and departure days and times:

- Sar-El picks up volunteers at the airport on program start dates, **SUNDAY** or **MONDAY** only.*
- **2- or 3-week program:** Your flight should be scheduled to land on **Sunday by 5 pm** or **Monday by 2 pm**.*
- **1-week program:** You must be at Ben-Gurion Airport by 8:00 am on your program start date.
- **If you are in Israel before your program start date,** you *must* call Sar-El's Program Coordinator upon arrival for meeting time instructions. Ask your local VFI representative for the phone number before you travel. *Suggestion:* Note it in your **Program Handbook** under **Contact Information**.
- **If you are leaving Israel the day the program ends,** make sure your flight is scheduled to **depart at 10 pm or later** to allow time for you to reach the airport.
- Participants who wish to change their return date must make their own arrangements in Israel directly with the airline and pay any penalties they may incur.
- Confirm your return reservations with your airline at least 72 hours prior to your flight home.

***NOTE: As of January 1, 2016, programs will begin on Sundays only, and Monday pickups will be discontinued.**

| | | | |
|---|------------------------------------|-------------------------|-------------|
| LAST NAME: | | FIRST NAME: | |
| PROGRAM START DATE: | | PROGRAM END DATE: | |
| DEPARTURE TO ISRAEL | | | |
| DEPARTURE DATE: | DEPARTURE TIME: AM / PM | DEPARTURE CITY/AIRPORT: | |
| AIRLINE: | | FLIGHT NO.: | |
| CONNECTING OR DEPARTURE CITY/AIRPORT <u>PRIOR</u> TO ARRIVAL IN ISRAEL: | | | |
| ARRIVAL IN ISRAEL | | | |
| ARRIVAL DATE IN ISRAEL: | ARRIVAL TIME IN ISRAEL: AM / PM | AIRLINE: | FLIGHT NO.: |
| DEPARTURE FROM ISRAEL | | | |
| DEPARTURE DATE: | DEPARTURE TIME: AM / PM | AIRLINE: | FLIGHT NO.: |
| ARRIVAL IN U.S. | | | |
| ARRIVAL DATE: | ARRIVAL TIME: AM / PM | AIRLINE: | FLIGHT NO.: |



GIVE 1 COPY TO YOUR REGIONAL MANAGER
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UNDER-18 INFORMED CONSENT AND AGREEMENT

UNDER-18 Application Process:

If you are under 18 years old when you apply for the Volunteers for Israel® (VFI) program, you must meet certain requirements in addition to completing the standard VFI application packet. They are as follows:

- **You must complete and submit the attached document below — UNDER-18 INFORMED CONSENT AND AGREEMENT.**
- **Your parent or legal guardian MUST co-sign any place on a form where your signature is required.**
- **You must keep copies of all your submitted forms.**

See the **APPLICATION CHECKLIST** for forms you must bring with you to Israel.

Parent (Legal Guardian) Consent for Under-18 Volunteer Participation:

I understand that participation in the Volunteers for Israel / Sar-El volunteer program in Israel involves a certain degree of risk. I have carefully considered the risk level and given the volunteer listed below my consent to participate in the program.

Parent (Legal Guardian) Consent for Medical Treatment:

In the event the volunteer listed below should require medical treatment/attention during the course of this activity or trip and, if after a reasonable attempt, I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of this activity or trip to undertake the form of medical treatment considered necessary or appropriate by such provider.

ACTIVITY OR TRIP: VOLUNTEERS FOR ISRAEL / SAR-EL VOLUNTEER PROGRAM IN ISRAEL

| | | | |
|--|-------|----------------------------|--------|
| PROGRAM START DATE: | | PROGRAM END DATE: | |
| VOLUNTEER INFORMATION | | | |
| NAME: | | EMAIL: | |
| PASSPORT NO.: | | ISSUING COUNTRY: | |
| HEALTH INSURANCE COVERAGE (COMPANY, ID, GROUP#): | | | |
| PARENT/GUARDIAN CONTACT INFORMATION | | | |
| PHONE NUMBERS | | | |
| HOME: | CELL: | BUSINESS: | EMAIL: |
| A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM BELOW. | | | |
| NAME (PLEASE PRINT): | | NAME (PLEASE PRINT): | |
| RELATIONSHIP TO VOLUNTEER: | | RELATIONSHIP TO VOLUNTEER: | |
| SIGNATURE AND DATE: | | SIGNATURE AND DATE: | |