



GIVE 1 COPY TO YOUR REGIONAL MANAGER

PROGRAM APPLICATION (Part I)

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: <input type="checkbox"/> SINGLE <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> SEP <input type="checkbox"/> WID
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).

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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:



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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:
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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:
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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.

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

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VFI MEDICAL INFORMATION

*(Present this to your physician with NOTICE OF PRIVACY PRACTICES/
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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 EXAMINER'S SIGNATURE:		
MEDICAL EMERGENCY CONTACT — PHYSICIAN		
PHYSICIAN NAME:	PHONE NUMBER:	
CITY/STATE:		
MEDICAL EMERGENCY CONTACT — FAMILY OR FRIEND		
NAME:	RELATIONSHIP:	
CITY/STATE:	PHONE NUMBER:	



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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 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.

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