

Arrange for a personal interview where possible with a Sar-El Australia representative. The interview is a prerequisite to final acceptance as a volunteer in the program, for first-time volunteers.

Sar-El Australia RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO ACCEPT OR REJECT ANY APPLICANT.

Complete, sign, and submit :

- 1.) Application Form and Questionnaire (Doc 2)
- 2.) The signed "Waiver and Release" (Doc 3)
- 3.) The "Medical Form" (Doc 4) completed by your physician
- 4.) A photocopy of the "photo page" of your passport valid for at least 6 months after return date on your ticket

Include a letter of recommendation (from your Rabbi, another recognized Jewish community leader, clergy or a former Sar-El volunteer) for first-time volunteers only.

Registration fee payment is to be made in Israel to the Sar-El coordinator at the airport.

After acceptance into the program, submit :

- 1.) Travel Form (Doc 5)
- 2.) Proof of medical and travel insurance

### ***\*DOCUMENTS\****

You must take three (3) copies of the collated documents with you to Israel, 1 to keep for yourself and 2 to hand to the Sar-El representative in Israel.

### ***TRAVEL INFORMATION***

You must arrange your own air transport. Don't make firm reservations until you are assured of acceptance in the program. Check with Sar-El Australia for an appropriate scheduled

program date and note that programs start on Sunday. To be met by a Sar-El representative you must be at Ben Gurion airport on Sunday of the scheduled program start date at the time that the Program Coordinator advises.

If you arrive on other days, or at other times, you will not be met and will be responsible for looking after yourself until Sar-El arranges to meet you on a Sunday. Programs normally end after work on Thursday of the third week, but arrangements can be made to end after work on the second Thursday. Indicate the length of your intended program period:

e.g. 3 weeks (period will terminate on the third Thursday), 2 weeks (period will terminate on the second Thursday).

After acceptance into the program, advise your representative of these details.

### ***HEALTH INSURANCE***

You are required to have adequate health insurance. Sar-El provides no hospital/medical insurance coverage for volunteers, whether on or off the base. Some credit cards offer travel insurance including medical cover as part of the service included in the annual fee, check with your credit card provider before purchasing additional insurance. If necessary, purchase appropriate additional coverage, since adequate health insurance is essential. Australian Medicare coverage, is not adequate. You must show proof of coverage (three copies please) when you join your group in Israel. You cannot enter the program without such insurance proof.

# APPLICATION FORM

WWW.SARELAUSTRALIA.ORG DOC 2

All volunteers are subject to army security clearance.

## APPLICATION (to be completed by applicant)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Nationality \_\_\_\_\_ Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Family Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Repeat Volunteer? Yes  No  When were you last at Sar-EI? \_\_\_\_\_

Which countries have you visited in the past 5 years? \_\_\_\_\_

Occupation? \_\_\_\_\_

Employer (name,address,phone) \_\_\_\_\_

Contact in event of emergency (Name): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Joining Sar-EI Program on arrival date? Yes  No  If no, join date: \_\_\_\_\_

Flights are met on Sun and Mon during normal working hours. (Arrival policies subject to revision)

The following additional items must accompany your application/questionnaire documents:

- A letter of recommendation from your clergy or a leader in your community
- A copy of your passport showing your photograph and the passport number
- A copy of your medical/travel insurance policy

BRING TO ISRAEL 3 copies of all Documents 2,3,4,5 including medical form completed by your physician detailing all specialists you are currently seeing, passport photo page, medical insurance card or policy in effect during your program.

Registration Fee: \$US110 \_\_\_\_\_ \$US60 \_\_\_\_\_ (if repeating within 1 year or under 25)

To be paid in Cash only in person to Sar-EI representative in Israel.

If flights are already booked and confirmed, please complete the Travel Form (Doc 5) and submit it with this application.

SAR-EL QUESTIONNAIRE

(All volunteers are subject to an army security clearance)

Name:

Gender: M/F

Age/D.O.B.

Passport # :

Nationality

Religion:

Home address & phone #:

E-Mail:

Program Dates:

Flight Information - Arrival:

Departure:

Repeat Sar-El volunteer: (Y/N)

Previous bases:

Profession:

Employer (name, address, phone #):

To the applicant: We expect excellent work from all the volunteers. This is a work program. There are from 3-8 people in a room; communal showers & bathrooms; very basic conditions. If you do not think you can handle this, then this is not the program for you.

1. How did you hear about this program?

2. Have you been to Israel?                      When?                      What was the purpose of your visit?

3. What were your impressions of Israel?

4. What role does Israel play in your life, if any?

5. Describe your school/work/volunteer history:

6. Which countries have you visited in the last 5 years?

7. What have you done in your life that might help you get along with a group in isolated and difficult conditions? (work, camp, army, etc.)

8. Are you aware that we cannot promise you any specific work assignment or location? This decision is determined by our office in Israel and you will not find out your placement until the day the program begins.

9. How would you feel if you were given a job you do not like?

10. Do you have any concerns about the conditions you may encounter?

11. How do you feel about living and working closely with other people?

12. What do you think you can contribute to Israel as a volunteer?

13. What do you hope to gain from this program?

14. What is your religious affiliation?

15. If non-Jewish, please do not be offended and respond honestly to the following:

a. There are many Christians who believe that Jewish people need to believe in Jesus or "Yeshua" as their messiah. Do you agree with this position?

b. There are numerous organizations like Jews for Jesus that are committed to proselytizing to non-Christians, especially Jews. Do you agree with their mission?

c. Have you discussed Jesus with a Jewish person for the purpose of persuading him or her?

d. Do you intend to discuss your beliefs about Jesus to Jewish people while in Israel?

16. Travel health & accident insurance is required. You must take responsibility for your own medications. There are not always refrigerators available for storing medications. You should always carry generic prescriptions with you.

17. Do you have any criminal record? Explain.

18. The following are grounds for immediate dismissal: proselytizing, drugs, alcohol. I understand that I will be immediately dismissed if I am in violation of these policies. If I break any of the other rules which are told to the group, I understand that I will also be dismissed.

19. Based on what you have been told and read on the Sar-El web sites, what do you think the program will be like?

20. Additional Comments:

I have read & agree to all the requirements & rules as set forth above and in other application documents.

Signature:

Date:

Sar-El Volunteers for Israel, Sar-El Australia and its representative, hereinafter referred to as "Sar-El", reserves the right to accept or not to accept any person as a member of the program. Sar-El reserves the right to cancel at any time, and to reject any applicant for any reason(s) it deems appropriate.

**Participants may be immediately dismissed from the program in Israel for proselytizing, use of alcohol or drugs, or other behavior deemed to be dangerous to persons, property, or security.** Proselytizing includes discussing your religion with someone who doesn't share your same beliefs in a manner which is intended to be persuasive or which is offensive. This also includes distributing any religious literature.

Dismissal from the program will result in immediate removal from the IDF Base (or other program location), and the participant will be solely responsible for expenses incurred thereafter, including but not limited to lodging, transportation, and meals. In addition, program fees paid will not be refunded.

I hereby agree to participate in the Sar-El (hereafter, "the Program") upon the express undertakings and acceptances which follow. Wherever the name "Sar-El" is used in this document, it shall be taken to mean Sar-El and any co-sponsors of the Program in whole or in part, and their agents, servants and employees.

**DECLARATION OF HEALTH**

I have been advised that the Program may call at times for vigorous exertion and physical effort and under spartan living conditions. I declare that I am in good physical condition and mental health, capable of participating in the Program and that, as may have been reasonably advisable, I have obtained the confirmation of my physician for these purposes. Should it become necessary, this document shall constitute a release of my medical examination records to the appropriate medical personnel in Israel.

**INSURANCE**

Prior to my entering the Program, I agree to purchase at my expense accident and health insurance covering medical and hospitalization expenses while in Israel as required by the Program. I understand and agree that I am responsible for any medical bills (including doctors' visits, hospitalization, accidents) incurred while I am in the Sar-El Program. I will pay the cost of the treatment and will settle expenses with my insurance company when I return home unless the insurance company agrees to pay the bills directly. (I will have a credit card or sufficient cash to do this).

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

Having been informed of risks inherent in the Program, I declare that I assume all risks involved in my participation in the Program and waive all claims of responsibility in Sar-El for any losses or damage except as may be caused by its gross negligence or willful misconduct.

I expressly accept that Sar-El shall not be deemed responsible for transportation, accommodations, tour programs or other services while I am off the base to which I am assigned unless such off-base event is required by the Program.

I agree to hold Sar-El harmless from any and all claims which may be brought against Sar-El on account of misconduct on my part. In participating in the Sar-El Volunteers for Israel, I verify that I have read and accept these terms and conditions, and agree that they shall be binding on me.

I also affirm that I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces unless this is disclosed in advance. I have no criminal or police record except the following:

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL FORM

PART 1 of 2

(to be completed by licensed physician)

To examining physician:

Please take this application seriously. Ours is a rigorous three-week work program which involves spartan living conditions with no central heat or air conditioning, possibly working in the hot sun, repetitive lifting/twisting/bending, and long hours on one's feet. Your medical evaluation of the applicant's physical condition and stable positive mental outlook is essential to us in determining whether or not to accept the applicant into our program. This information is also vital to enable medical professionals in Israel to appropriately address medical emergencies that this individual may face during the volunteer program.

YOU WILL BE DOING A GREAT DISSERVICE TO YOUR PATIENT IF YOU APPROVE SOMEONE WHO HAS MEDICAL OR PSYCHOLOGICAL PROBLEMS THAT MAY CAUSE HARM TO THIS INDIVIDUAL OR OTHERS BY UNDERTAKING THIS WORK EFFORT.

Patient Last name \_\_\_\_\_ First name \_\_\_\_\_ Age \_\_\_\_\_

How long has the applicant been a patient of your practice? \_\_\_\_\_

MEDICAL HISTORY

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Surgeries:

\_\_\_\_\_  
\_\_\_\_\_

History of severe injuries:

\_\_\_\_\_  
\_\_\_\_\_

- |                 |       |                    |       |                 |       |
|-----------------|-------|--------------------|-------|-----------------|-------|
| Heart disease   | _____ | Angina             | _____ | Rheumatic Fever | _____ |
| Hypertension    | _____ | Congestive failure | _____ | Diabetes        | _____ |
| Emphysema       | _____ | Asthma             | _____ | COPD            | _____ |
| Ulcers/GI bleed | _____ | Diverticulitis     | _____ | Kidney Stones   | _____ |
| Osteoporosis    | _____ | Arthritis          | _____ | Migraine        | _____ |
| Seizures        | _____ | Cancer             | _____ | Hepatitis       | _____ |

**MEDICAL FORM  
PART 2 of 2**

**PHYSICAL EXAMINATION** (note any deviations from normal):

Height:		Heart:		Mouth/Teeth:	
Weight:		Head:		Pulse:	
Abdomen:		Lungs:		Throat/Thyroid:	
GU:		Eyes:		Skin:	
Extremities:		Hearing:		Neuro:	
Other:		Eyes:		B/P:	

Can applicant do manual labor? \_\_\_\_\_ Lift 10 kilos ? \_\_\_\_\_ Bend without pain? \_\_\_\_\_

Any history of back injury/problems? \_\_\_\_\_

Will change in diet cause concern for health problems? \_\_\_\_\_

*(For example, Israeli food is generally higher in salt content.*

**PSYCHOLOGICAL PROFILE**

Conditions imposed by a foreign work program include lengthy absence from family and home, group living situation, new social contacts, and adjustment to cultural differences. Please evaluate psychological and emotional stability:

Is the applicant a flexible and agreeable person? \_\_\_\_\_

Is the applicant capable of working with others? \_\_\_\_\_

Any history of mental illness, significant depression, bipolar disorder? \_\_\_\_\_

Any history of being treated by a psychiatrist/psychologist? \_\_\_\_\_

Use of tranquilizers, anti-psychotics, illicit drugs? \_\_\_\_\_

**PLEASE DO NOT APPROVE ANYONE WHO IS NOT CAPABLE OF WALKING LONG DISTANCES IN HOT, HUMID WEATHER IN SUMMER AND WORKING A FULL DAY STANDING.**

I have examined the above named applicant and \_\_\_\_ Do \_\_\_\_ Do not consider him/her physically and emotionally qualified to participate in a rigorous Sar-El Volunteers for Israel work program.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT

Physician's Name (print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

TRAVEL INFORMATION

Please complete the following form and send it to your Sar El Australian contact at least 1 month prior to your departure.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

DD MM YY

DD MM YY

Program Start Date: \_\_\_/\_\_\_/\_\_\_

Program End Date: \_\_\_/\_\_\_/\_\_\_

DEPARTURE TO ISRAEL:

DD MM YY

Departure Date: \_\_\_/\_\_\_/\_\_\_

Departure City: \_\_\_\_\_

Airline: \_\_\_\_\_ Flt. No.: \_\_\_\_\_

Connecting or Departure City PRIOR to Arrival in Israel: \_\_\_\_\_

ARRIVAL IN ISRAEL:

DD MM YY

Arrival Date in Israel: \_\_\_/\_\_\_/\_\_\_

Arrival Time in Israel: \_\_\_\_\_ AM / PM

Airline: \_\_\_\_\_

Flt. No.: \_\_\_\_\_

DEPARTURE FROM ISRAEL:

DD MM YY

Departure Date: \_\_\_/\_\_\_/\_\_\_

Airline: \_\_\_\_\_

Flt. No.: \_\_\_\_\_