APPLICATION (to be completed by applicant)
All volunteers are subject to army security clearance.

Last Name: _____ First Name: _____ Sex M F

Date of Birth: ___/___/_____Passport Number: _____ Exp. Date: _____

Family Status: _____ Religion:_____

Address: _____

Zip (postal code): _____ Postal place: _____ Country: _____

Telephone: +_____ e-mail: _____

Repeat Volunteer? Yes ☐ No ☐ When were you last at Sar-El? _____

What countries have you visited in the last 5 years?_____

_____

Occupation:_____

Reference (name, e-mail, phone)_____

_____

Contact in event of emergency (Name): _____

Telephone: +_____ - _____ e-mail: _____

Program Dates: from _____ to _____ **TD 20120503**

Arrival Date (in Israel): _____Arrival Time: _____ AM PM

Airline: _____ Flight # _____ Arrival Day: Su M T W T F S

Departure Date (from Israel)_____

Joining Sar-El 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 documents:
A copy of your passport picture page; a copy of your medical travel insurance policy

BRING WITH YOU TO ISRAEL: 3 copies of this application form including the medical form completed by your physician **(fast-lege)**, **all four pages**! **3 copies** of your passport (the page with your photo), and your travel insurance card in effect during your program.

Registration Fee: NOK 500 + VAT (tax) NOK 125, all together NOK 625. For applications from Sweden and Denmark the fee is **NOK 500 without tax.** To be paid to Sar-El Norway's account **8101.16.91056** - SWIFT: DABANO22, IBAN: NO0981011691056
Send application to: Sar-El, v/advokat Torger Dahl, Boks 6644 St. Olavs plass, 0129 Oslo, Norway

Waiver and Release/Terms and Conditions

Sar-El Volunteers for Israel, 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 THE 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 ____

Sar-El Volunteers for Israel Program target date _____

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 stone _____

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 20 pounds?____ 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 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 # ( ) _____