



Sar-El

The National Project
for Volunteers for Israel _____

Application Form For SAR-EL

***Note:** All volunteers are subject to army security clearance and approval by IDF

Last Name: _____ First Name: _____

Sex: M F Date of Birth: ___/___/___

Passport/Teudat Zehut Number: _____

Date and Country of Issue: _____ /___/___

Family Status: _____ Religion: _____

Address:

City: _____ Zip: _____

Telephone: _____

E-mail: _____

What Countries have you Visited in Last 5 Years:

Occupation: _____

Employer Name & Address: _____ / _____

Emergency Contact Name: _____

Telephone: _____ E-mail: _____

Requested Program Dates: from _____ to _____



Sar-EI
The National Project
for Volunteers for Israel _____

Page 2 - Volunteer Name: _____

WAIVER AND RELEASE:

Sar-EI Volunteers for Israel, hereinafter referred to as "Sar-EI" reserves the right to accept or not to accept any person as a member of the program. Sar-EI 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. All inappropriate behavior will not be tolerated. This includes sexual harassment or aggressive behavior. 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, any program fees paid will not be refunded. I hereby agree to participate in the Sar-EI (hereafter, "the Program") upon the express undertakings and acceptances which follow.

Please Initial: _____

MEDICAL WAIVER:

I have been advised that the Program may call at times for vigorous exertion and physical effort and I will be living under spartan living conditions. I declare that I am in good physical condition and mental health, capable of participating in the Program, doing physical labor and that I have obtained the permission of my physician on a signed waiver. I understand and agree that I am responsible for any medical bills (including doctors' visits, hospitalization, and accidents) incurred while I am in the Sar-EI Program and that any medical condition and that Sar-EI can end my volunteer program for any health reason at Sar-EI's sole discretion.

Please Initial: _____

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-EI for any losses or damage except as may be caused by its gross negligence or willful misconduct. I expressly accept that Sar-EI 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-EI exempt from any and all claims which may be brought against Sar-EI on account of misconduct on my part. In participating in the Sar-EI 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 have no criminal or police record. I also acknowledge that Sar-EI assumes no financial liability for any aspect of my trip for any reason.

Please Initial: _____



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The following additional items must accompany your application documents

- **Copy of Your Passport (and visa if required)**
- **Copy of Your health Insurance and signed and stamped medical approval**

Please do not purchase airline tickets until your forms and application have been received and approved.

I have read all and noted all terms and conditions of my application:

Signature _____

Date _____

Email: _____