



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: __/__/__

Foreign Volunteers: Passport Number: _____

Country and Date of Issue: _____ __/__/__

If Israeli Citizen: Teudat Zehut Number: _____

Family Status: _____ Religion: _____

Home Address:

City: _____ Country: _____ Zip: _____

Telephone: _____

E-mail: _____

What Countries have you Visited in Last 5 Years: _____

Occupation: _____

Employer Name and Address: _____

Emergency Contact: Name: _____

Telephone: _____

E-mail: _____

Requested Program Dates: from _____ to _____

If you have volunteered previously, please provide most recent program date: __/__/__

Are There Alternate Dates of Interest To You?: _____



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WAIVER AND RELEASE:

Sar-EI Volunteers for Israel, hereinafter referred to as “Sar-EI” or “the Program”, 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. 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 Sar-EI 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 for doctors' visits, hospitalization, and accidents) incurred while I am in the Program and any medical condition resulting from my participation. I acknowledge that Sar-EI can end my participation in the Program for any health reason at its 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 of 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 Program, 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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PHYSICIAN MEDICAL APPROVAL:

I hereby certify that (name of volunteer) _____ is physically and mentally able to handle manual labor, the ability to live in and work in a potentially hot and humid working environment, and, if traveling from abroad, is fit for travel to Israel. The patient has been examined and has no pre-existing conditions that will prevent him or her from working or traveling.

Physician Name: _____

Physician Signature: _____

Medical License Number: _____

State and Country of Issue: _____

Please provide Seal/Stamp of Physician below:



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The following additional items must accompany your application documents

- Copy of Your Passport (and visa if required). Israeli citizens must provide a copy of their Teudat Zehut.
- Proof of medical insurance coverage that is valid in Israel (for foreign volunteers this generally means a travel insurance policy). Israeli citizens must provide a copy of their Kupat Cholim card.

Attention Overseas Volunteers:

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

I have read and fully understand all terms and conditions of this application:

Signature _____

Date _____ Email: _____

Please provide:

Shirt size: _____ Hat Size: _____