Application Checklist for the
Hillel Volunteer Program 2008

- ☐ Full Application form including the signed "Terms and Conditions"
- ☐ Medical Form signed and stamped by registered physician
- ☐ 1 Clear Photo JPEG format e-mail ipcto@jafi.org.il
- ☐ One letters of recommendation (on professional letterhead). Should not be written by family members or friends.
- ☐ Photocopy of valid passport *(Must be valid for 6 months from the day you would arrive in Israel)*
- ☐ Resume
- ☐ $300 security deposit made out to Hillel of Greater Toronto
- ☐ Interview from Hillel or IVPC Representative

Applications that are missing one or more of the above items will not be accepted!

DEADLINE FOR BAT YAM AND KYRIAT MOSHE APPLICATION IS MARCH 5, 2008

SUBMIT COMPLETED APPLICATION TO YOUR LOCAL HILLEL ATTENTION REBECCA WOODS BAUM

Israel Volunteer Program Centre
The Lipa Green Building* 4600 Bathurst Street, Suite 210* Toronto ON M2R 3V2
Tel: 416.638.8824 ext 1 * 1 866 GO 2 IL * Fax: 416.633.2758
ipcto@jafi.org.il * www.expereinceisrael.ca * www.israelprograms.org *

Hillel Summer Volunteer Program

Please print or type your answers clearly.
All questions must be answered in full. If necessary, attach additional sheets.

A. GENERAL INFORMATION

Session: (please check the session you are applying for)

- ❑ Kyriat Moshe
- ❑ May 15 – June 27
- ❑ June 30 – August 7

Surname:_____ Given Names:_____
Name of father:_____

Sex: M F Date of Birth:_____ Marital Status: Single/ Married/ Divorced
d / m / y

Place of Birth:_____ Nationality:_____
Passport No._____ Expiration Date _____
Place of Issue_____ Date of Issue_____

Permanent Address_____
_____
Permanent Phone Number_____ Cell:_____

Current Address_____
Current Phone Number.(H)_____(C)_____
Email:_____

Education/ Jewish Education:

Name of School	Dates Attended From	To	Degree received	Date Received

Present School/College/University _____ Year_____
Course of Study/ Major:_____

Membership in Jewish Organizations (*e.g.* youth movements, campus activities, etc.)

Name of Organization	Dates of Membership		Offices Held

Have you participated in a program in Israel before?_____
If yes, which program?_____Date?_____
Did you complete the program ?_____ If no why?_____
_____
_____

How did you hear about the program?

_____

Are you attending the program with a friend? Y N Name:_____

What are your expectations of the program?

_____
_____
_____

Do you have any special requests or concerns?

_____
_____
_____

Do you have any dietary limitations?

Vegeterian _____ Kosher _____Other_____

Are either of your parents Israeli citizens? Y/N

Have either of your parents ever lived in Israel? Y/N

B. HEBREW AND OTHER LANGUAGES

1. Are you familiar with the Hebrew alphabet? Y/N

2. Are you able to read Hebrew with vowels? Y/N

3. Have you ever studied Hebrew grammar formally? Y/N If yes, for how long and in what framework?

   _____
   _____

4. Please check the box that correctly describes the amount of words in your Hebrew vocabulary:

☐ 10-50 words
☐ 100-200 words
☐ 200-300 words
☐ More than 300 words

Level of Hebrew (FLUENT/ VERY GOOD/ GOOD/ FAIR/ POOR):

1. Speaking:_____ 2: Reading:_____ 3. Writing: _____

5. Are you fluent in English? Y/N

6. Do you speak any other languages? Please give details:

_____
_____

C. IN CASE OF EMERGENCY

1. Contact in home country

Name_____ Relationship to you_____
Address_____
_____
Home Phone Number_____Work Phone Number_____
E-mail_____Fax_____

2. Contact in Israel

Name_____ Relationship to you_____
Address_____
_____
Home Phone Number_____Work Phone Number_____
E-mail_____Fax_____

TERMS AND CONDITIONS
****

DAMAGES: Any damage caused by the participant to the property of the cooperating institutions and/or companies must be paid for by the participant. Any extraordinary expense incurred on behalf of the participants will be billed to them.

RESPONSIBILITY: The Israel Volunteer Program Centre and its partners and program co-sponsors act as agents only for the programming and transportation provided by the program. In consequence of the forgoing, the Israel Volunteer Program Centre and any partner of program co- sponsor are not liable or responsible for injury or damage caused directly or indirectly to participants or their property in connection with any other transportation, accommodations, tours or other services, or resulting from theft, customs regulation, delays, strikes, cancellations of or changes in itinerary, or from any other causes beyond the control of the Israel Volunteer Program Centre and its partners and co-sponsors. The Israel Volunteer Program Centre and its partners and co-sponsors shall not be liable for any damages or expenses sustained by the participant as the result of any forgoing causes and in the event it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made without any penalty to the Israel Volunteer Program Centre and its partners and co-sponsors. Damages or expenses, if any occur, shall be borne solely by the program participants. The program includes unsupervised free time, for which the Israel Volunteer Program Centre and its partners and co-sponsors assume no responsibility. By filling out an application to this or any other program sponsored by the Israel Volunteer Program Centre, the applicant consents that all applications, letters, papers forms and statements received, as well as the data the Israel Volunteer Program Centre may accumulate in connection with the application, are the sole and exclusive property of the Israel Volunteer Program Centre and its partners and co-sponsors. Such material will be held in the strictest of confidence, subject however, to the Israel Volunteer Program Centre's right in its absolute discretion to release all or part thereof.

BEHAVIOR AND ADJUSTMENT- BASIC POLICY
In an effort to ensure the success of the program and to provide a positive experience for the entire group, information is distributed prior to departure. In addition, a printed commitment form is distributed to all program participants and returned to us signed, in an effort to ensure that all participants understand the standards of behavior expected of them. In the event of adjustment problems of any type, the decision concerning continued participation of the participant in the program remains solely with the program sponsor and its professional staff.

SEXUAL HARASSMENT – BASIC POLICY
Sexual Harassment is one of five types of prohibited behavior which are:

1. Extorting a person to engage in an act of a sexual nature.
2. Indecent act (example: a male supervisor touches a female employee for the purpose of arousal)
3. Repeated proposals of a sexual nature although the person to whom the proposals are directed had indicated she is not interested in them.
4. Repeated references to a person's sexuality, although the person to whom the proposals are directed had indicated she is not interested in them.
5. A contemptuous or humiliating attitude towards a person's gender or sexual preference, whether or not he has indicated that this is disturbing him.

Should any participant experience any form of sexual harassment or assault, he/she is required to report such incident to a staff member immediately.

With this contract the applicant commits to a date of arrival and departure. If the applicant decides to leave on his/her own accord earlier then the departure date indicated on this application, and this departure is not due to any family or personal emergency (subject to the Israel Volunteer Program Centre discretion) then the participant will lose his/her $200 deposit. **Initial** _____

ANY OF THE FOLLOWING CONSTITUTES VIOLATION OF THE BASIC POLICY AND REPRESENTS GROUNDS FOR DISMISSAL FROM THE PROGRAM AND RETURN TO THE COUNTRY OF ORIGIN WITHOUT REFUND.

1. The use, purchase, sale or transporting of illegal drugs, or drugs not prescribed by a physician
2. Excess consumption of alcohol
3. Destruction or abuse of property
4. Unauthorized absence from the group and/or group activities
5. Hitchhiking
6. Any other behavior deemed to be unacceptable or anti-social in any way
7. Travel to Sinai or and Jordan

The Israel Volunteer Program Centre reserves the right to refuse or retain any person as a member of the program either in their country of origin or in Israel. In the event that it is decided to return a participant to his/her country of origin, whether this is the decision of the program sponsors, the participant, or his/her legal guardians, any expenses incurred as a result of such return are the responsibility of the participant including air transportation, land transportation, meals and any other expenses incurred.
Initial _____

ALL PROGRAMS, COSTS, AND DATES ARE SUBJECT TO CHANGE WITHOUT NOTICE.
I hereby confirm my application for participation in the Eilat P2K Volunteer program. I have read and fully accept all conditions and requirements as listed above.

Name_____ Date_____

Signature_____

NOTES TO THE EXAMINING PHYSICIAN

The new and strenuous environment each participant will face will tax his/her physical and mental capabilities to the fullest. It is therefore imperative, as a safeguard to the health of the participant that this report be as complete and precise as possible. This form should be filled out by a physician who has known the applicant for at least 18 months prior to the filling out of this form. In addition, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker etc.) must submit a detailed report from that specialist giving a complete diagnosis, prognosis and evaluation.

If a participant is required to continue receiving medication while under the auspices of the program, he/she should have a medical letter giving full details. Since in many cases medicine is not available under the same trade name as in the country of origin, the full pharmacological name of all medicines and drugs used by the patient should be given. In any event, the participant should bring an extra supply of the medicine with him/her.

If any changes take place in the participant's condition following the examination and prior to the beginning of the program, the participant must submit, before departure, an explanatory medical letter, detailing diagnosis, prognosis and treatment. Failure to submit such a letter shall result in the expulsion of the applicant from the program with no refund.

FOR YOUR INFORMATION

1. ***Climate:*** Participants will be touring and working in a sub-tropical climate, with temperatures reaching 100 degrees Fahrenheit. The climate is mostly dry with semi-arid conditions over a large part of the country.
2. ***Social Environment:*** Most participants will be living in a communal environment. They will be sleeping in a dormitory or sharing living quarters with others.
3. ***Medical Facilities:*** The physician should bear in mind that medical facilities are available for acute illnesses and accidents only and do not cover routine, chronic or any kind of pre-existing conditions.

VACCINATIONS

Please note that immunization against hepatitis B is compulsory for all participants. We also recommend vaccination against hepatitis A (with the 1440 ELU vaccine). Participants are also urged to have a booster of the inactivated polio vaccine if more than ten years have elapsed since the last dose and a booster of the tetanus/diphtheria vaccine if more than five years have elapsed since the last dose. Serotesting for mumps, measles and rubella with supplementary vaccinations as necessary are also recommended.

PLEASE NOTE:

The Israel Volunteer Program Centre intends to rely on this completed form and supplementary letters in making the determination of acceptance of the participant to the program. Omissions or mis-statements are at the risk of the applicant and his/her physician, psychiatrist, psychologist or social worker. The information on this form, and all supplementary reports on the physical and mental state of the applicant will be held by the Israel Volunteer Program Centre as strictly confidential.

Should any participant, upon arrival in Israel, or during his/her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or accompanying letter then:

- He/she may, at the sole discretion of the program coordinator, be returned to his or her home country at his/her own expense (with no refund from the program)
- The Israel Volunteer Program Centre and its representatives in Israel are thereby released from responsibility or liability of any kind whatsoever arising from any aspect of such participants medical history and/or physical and mental condition.

D. PERSONAL HEALTH HISTORY

(TO BE COMPLETED BY PHYSICIAN)

ALL SECTIONS MUST BE FILLED OUT COMPLETELY AND WILL BE TREATED CONFIDENTIALLY

Last Name:_____ First Name:_____
Date of Birth: _____ Date of Examination:_____
d / m / y d / m / y

Health History (answer "Y" for Yes or "N" for No)

ALLERGIES: Hay Fever_____ Insect Stings___ Penicillin_____ Food Allergies: (list) _____ _____ _____ Other_____	Asthma_____ Bronchitis_____ Chicken Pox_____ Convulsions_____ Diabetes_____ Dizziness_____ Drug Use_____ Poliomyelitis_____ Sleep Walking____	Ear Infections_____ Eating Disorders___ Epilepsy_____ Eye Trouble_____ Fainting_____ Frequent Colds____ German Measles___ Rheumatic Fever___ Thyroid Disorders__ Venereal Disease__	Headaches_____ Heart Trouble_____ Kidney Trouble____ Measles_____ Mononucleosis____ Mumps_____ Pneumonia_____ Scarlet Fever_____ Tuberculosis_____

If Participant has asthma, please indicate: Mild _____ Medium_____ Severe_____
Please describe:_____

Dates of Immunization:
Tetanus:_____ Polio:_____ Hepatitis B (3):_____

TNE (TB) Test: Negative_____ Positive_____

- Please give all details concerning any allergy to which YES is answered above, including a description of reactions, details of medications required, names and addresses of physicians, hospitals and consulting specialist.

_____
_____

- Do you require carrying an Epipen? Yes____ No____
  Please explain:_____
  (For those with allergies needing Epinet Jr., please note that these are not readily available in Israel and an additional supply should be taken from home)

- Do you react to your allergy by ingestion or contact?_____

- Has the participant ever suffered any chronic recurring illness? If YES, give details and furnish specialist's letter._____
_____

- Has the participant ever undergone any operations or sustained any serious injuries? If YES, give details including name and phone number of attending physician_____
_____

- Is the participant taking any medication now? If YES, please specify the name of the medication(s) and condition being treated._____
_____

E. PHYSICAL EXAMINATION

(To be completed by a licensed physician)

	NORMAL	ABNORMAL	DESCRIBE ABNORMALITY
Head			
General Build			
Neck			
Ears			
Eyes			
Teeth			
Mouth, Throat			
Chest, Lungs			
Heart			
Vascular System-B.P.			
Abdomen & Viscera			
Hernia			
G.I. System			
G.U. System			
Upper Extremities			
Lower Extremities			
Spine			
Skin, Lymphatic			
Nervous System			

Weight_____ Height_____Blood Type_____ Blood Pressure_____Pulse_____
Respiration_____Hearing_____Vision_____

Any abnormal findings:_____

F. PSYCHOLOGICAL

1. Is the participant currently involved in psychological therapy of any kind?
_____

2. If so: With whom? Psychiatrist ____ Psychologist ____ Counselor ____ Social Worker_____

3. Is there any history of psychological or psychiatric care? If YES, give dates:_____
_____

4. Has the participant ever been advised to have counseling, psychotherapy or other psychiatric care?_____
_____

5. If yes has been answered to any of the above questions, please describe and explain:
_____

PHYSICIAN'S STATEMENT

I have completed an examination of _____ whom I have known for _____years.
The results I have recorded represent, to the best of my knowledge, the entire participant's medical history and my findings on examination. I understand that the program organizers will rely on my report and findings. In my opinion the participant is physically, mentally and emotionally capable of participating in the program.

I recommend full physical activity: YES_____ NO _____
If NO, please explain:_____
I recommend certain restrictions: YES_____ NO_____
If YES, please If YES, please explain:_____
_____

I recommend a special diet: YES_____ NO_____
If YES, please explain: _____
Name of Physician (please print)_____
Address:_____
_____

Telephone: (_____) _____ Date_____
Signature of Physician_____
License Number_____
Physician's Stamp (please stamp below)

PARTICIPANT'S STATEMENT

I hereby certify that, to the best of my knowledge, this medical form is complete in all its details and I fully realize that any condition, mental or physical, that I am found to have, originating prior to the beginning of the program, and which is not described in full in this form or in an accompanying letter, will be due cause for my return to my country of origin, or treatment in Israel, solely at my expense, and that the program organizers have neither responsibility or liability arising out of such a condition.

All medication that I take regularly is at my own expense, and has been detailed on this form or accompanying letter. I also give my full permission for all treatment of any nature deemed necessary by doctors in Israel to be extended to me within the framework of the Medical Services of the program's organizers in Israel.

Name of participant_____ Date_____

Signature of participant_____