

# Stichting SAR EL Nederland

Passport  
photo

## APPLICATION-FORM

All volunteers are subject to army security clearance

Last name.....First Name.....

Date of birth...../...../..... Passport number.....Exp.date...../...../.....

Family status: married / single Religion.....Sex: M / F

Address.....City + zipcode.....

Country:..... E-mail address:.....

telephone no home.....cell phone.....

Repeat volunteer? Yes / No When were you last at SAR- EL.....

What countries have you visited in the last 5 years.....

Occupation/school.....Employer, name, address, phone:.....

Contact in case of emergency:

name+phone+email:.....

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Program dates: from.....to.....

Arrival date in Israel.....Arrival time.....

Airline:.....Flight Nr.....Arrival Day: **Su Mo T W T F S**

Joining SAR EL Program on arrival date; Yes No. If no, join date.....

**Flights are met on Sunday and Monday during normal working hours ( arrival policies subject to revision)**

Departure date from Israel.....

do you wish to work on a military base or a hospital .....

Signed at date ..... signature:.....

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## continued application form

The following additional items must accompany your application documents:

Reference letter from your clergy or a leader in your community; a copy of your passport picture page; a copy of your medical travel insurance policy. **Bring to Israel 3 copies** of all following documents: medical form completed by your physician and all specialists you are current seeing, passport, medical insurance card or policy in effect during your Program, application cover sheet and waiver.

### Waiver and release/Terms and Conditions

SAR EL volunteers for Israel, hereinafter referred to as "SAR EL" reserves the right to accept or not 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 for proselytizing, use of alcohol or drugs, or other behaviour 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 an offence. This also includes distributing any religious literature.

Dismissal from the program will result immediate removal from the IDF base, (or other SAR EL location) and the participant will be solely responsible for expenses incurred thereafter, including but not limited lodging, transportation and meals. In addition program fees will not be returned.

I hereby agree to participate in the SAR EL ( hereafter "the program") upon the express undertakings and acceptances which follow. Wherever the name "SA 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 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 reasonable advisable, I have obtained the conformation 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 doctor's visits, hospitalization, accidents) incurred while I am in the SAR EL Program. I will pay the costs 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 all losses or damage except as may be caused by its gross negligence or wilful misconduct. I expressly accept that SA 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 maybe brought against AS EL on account of misconduct of my part in participating in the SAR EL volunteers for Israel Program. I verify that I have read and accept these terms and conditions, and agree they shall be binding on me. I also affirm that I have no intention of serving in, joining, or swearing allegiance to the Israel Defence Forces unless this is disclosed in advance.

I have no criminal or police record except the following..

Signature.....Date.....

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## AKKOORD VERKLARING IN HET NEDERLANDS

Ondergetekende verklaart hierbij de voorwaarden van deelname aan het SAR EL programma in ontvangst te hebben genomen en hiermede bekend te zijn.

Ondergetekende verklaart tevens dat de Stichting SAR EL Nederland en SAR EL Israel op generlei wijze aansprakelijk gesteld kunnen worden voor schades in de ruimste zin des woord.

Ondergetekende verklaart verder dat de voorwaarden van deelname onderdeel van de overeenkomst zijn en van toepassing op de aanvraag.

Ondergetekende accepteert de voorwaarden van deelname en verklaart deze te zullen naleven.

Tevens zal ondergetekende-voor eigen rekening-zorg dragen voor een verzekering tegen de kosten van ziekte en ongeval. De verzekering zal de gehele verblijf periode dekken vanaf vertrekdatum tot en met datum van terugkeer in Nederland.

Datum: \_\_\_\_\_

Handtekening: \_\_\_\_\_

**NB.**

**BLZ. 1, 2 en 3 VAN HET APPLICATION FORM/AANVRAAG FORMULIER VOLLEDIG INGEVULD, TESAMEN MET HET DOOR EEN ARTS INGEVULDE MEDISCH VERSLAG,  
1 PASFOTO EN BLZ. 1 VAN UW PASPOORT RETOURNEREN NAAR:**

**STICHTING SAR-EL NEDERLAND, Postbus 74761, 1070 BT AMSTERDAM**