



Stichting SAR - EL Nederland

Aanmeldingsformulier

pasfoto hierboven
aanhechten

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.....

Married: Single: Religion.....

Address:.....

City:.....Country:..... Postcode:.....

Telephone:(.....).....-..... E-mail:.....

Repeat volunteer: yes / no. When were you last at SAR-EL?.....

What countries did you visit the last 5 years:

Profession or school education:

Contact-name in event of emergency:

Telephone: (.....).....-.....E-mail:

Program dates: from:.....To:.....

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

Airline:.....Flight nr..... Day: SU M T W T F SAT

Departure date from Israel:

Joining SAR-EL program on arrival ? Yes / No? If no, Join date:

FLIGHTS ARE MET ON SUNDAY ONLY FOR ARRIVALS BEFORE 17.00 Hrs

The following additional items must accompany your application: copy of your passport picture page, doctors report, copy of your medical- and travel insurance card.

Bring to Israel 3 copies of : application form, passport picture page, insurance waiver, doctor's report, copy of medical-and insurance card.