

UNDER-18 Application Process

If you are under 18 years old when you apply for the Volunteers for Israel® (VFI) program, you must meet certain requirements in addition to completing the standard VFI application packet. They are as follows:

- You must complete and submit the attached document – UNDER-18 INFORMED CONSENT AND AGREEMENT.
- Your parent or legal guardian MUST co-sign the following parts of the regular VFI Application Packet:
 - Program Application form
 - VFI Waiver Release
 - Health Insurance Coverage Policy and Waiver
 - Volunteer For Israel Medical Information Form
- You must keep copies of all your submitted forms.

PLEASE NOTE - You will need to take three (3) extra copies of the following forms/documents with you to Israel:

- The UNDER-18 INFORMED CONSENT AND AGREEMENT form
- A copy of the Health Insurance Coverage Policy and Waiver form
- Proof of Health Insurance
- The 2 page Medical Form
- A copy of the photo page of your passport

If you have any questions, please contact your regional VFI representative or call 212-643-4848 or 866-514-1948, or email <mailto:info@vfi-usa.org>

Volunteers For Israel®

<http://www.vfi-usa.org> Email: info@vfi-usa.org Tel: 866-514-1948

UNDER-18 INFORMED CONSENT AND AGREEMENT

Parent or Legal Guardian Consent to Participate

I understand that participation in the Volunteers for Israel® / Sar-El volunteer program in Israel involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter, my consent to participate in the volunteer program.

Parent or Legal Guardian Consent for Medical Treatment

In the event my son or daughter should require medical attention and/or treatment during the course of this activity or trip and if after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of the activity or trip to undertake any form of medical treatment considered necessary or appropriate by such provider.

Activity or Trip: Volunteers for Israel® / Sar-El volunteer program in Israel

Start Date: _____ End Date: _____

Name of Son / Daughter: _____

Passport No: _____ Issuing Country: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Another way of contacting you:

Health Insurance Company Policy / Group Number: _____

This form must be signed by a Parent or Legal Guardian:

Name (Please print.)

Name (Please print.)

Relationship

Relationship

Signature

Signature

Date

Date