


Volunteers For Israel®

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

VFI Application Procedure¹

REVIEW the VFI Application forms and the material available about the program.	
ASK additional questions – if you have them. Contact the nearest VFI Regional Office: http://www.vfi-usa.org/contactus.html Or call 212-643-4848 or 866-514-1948	
CHECK your Passport. Check the Expiration Date. You need a valid US Passport to enter Israel. If you have 7 months or less before expiration – you may need to renew your passport.	
FILL OUT the VFI Application forms and provide the necessary materials: <ul style="list-style-type: none">• Copy of the picture page of your passport• Reference letters (first-time volunteer only)• Medical Exam and Medical Release• Proof of health insurance coverage valid for Israel – copy of card and/or copy of policy information• If you are under 18 years of age at the time you apply – all your signatures must be co-signed and you must submit the Under-18 Informed Consent and Agreement form.• Application fee (\$80 per application; \$50 if student, or if returning volunteer within a year)	
MAKE COPIES – Please keep a COMPLETE COPY of ALL the forms submitted to VFI. In addition, MAKE THREE EXTRA COPIES of the following forms and carry them with you to Israel (one copy for the SAR-EL office, one for the Base or facility, and one for YOU (place in an envelope – mark it as “Medical Records” - have with you at all times in Israel):	
	<ul style="list-style-type: none">• <i>Picture page of your passport;</i>• <i>Medical forms (2 pages);</i>• <i>Insurance waiver;</i>• <i>Proof of medical insurance (Insurance card, and copy of policy coverage in Israel – if available);</i>• <i>Under-18 Informed Consent form (if applicable)</i>
SUBMIT the application package to the nearest VFI Regional office: - http://www.vfi-usa.org/contactus.html for REVIEW. Also, see the list of Regional Offices in Application package.	
SCHEDULE an INTERVIEW with your VFI-Regional office (for first time volunteers only)	
Once ACCEPTED into the program – make your TRAVEL ARRANGEMENTS. VFI travel options can be found here – http://www.vfi-usa.org/transportation.html	
As you get closer to your departure date – PLEASE STAY IN TOUCH with your VFI Regional office to get the latest information and to answer any last minute questions. <i>Our experience has shown that the BETTER PREPARED you are with information about the program and Israel – the more you will get out of the program.</i>	

¹ Revision Date: 4 June 2008 File Name: VFI-ApplicationProcess.doc

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Where to send your VFI Application¹

Submit your completed VFI application forms and required support documents to the appropriate VFI Regional Office (see below).

<i>For these states:</i>	<i>VFI-Regional Office:</i>	<i>Telephone:</i>
<i>CT, ME, MA, NH, RI, VT</i>	VFI-New England c/o Howard Passman P.O. Box 67532 Chestnut Hill, MA 02467	Phone: 617-571-7373 Phone: 866-512-3255 Fax: 866-514-1948
<i>NY</i>	VFI-New York 330 West 42nd Street, Ste. 1618 New York, NY 10036	Phone: 212-643-4848 Fax: 866-514-1948
<i>DE, NJ, PA, WV</i>	VFI-Philadelphia c/o Jeanne Schachter P.O. Box 2891 Bala Cynwyd, PA 19004	Phone: 610-617-4048 Phone: 888-473-6527 Fax: 866-514-1948
<i>DC, MD, NC, SC, VA</i>	VFI-Mid-Atlantic c/o Marian Sacks 13801 Bonsal Lane Silver Spring, MD 20906	Phone: 301-603-9300 Fax: 866-514-1948
<i>AL, AR, FL, GA, KY, LA, MS, TN</i>	VFI-South c/o Leon Rechtman 5288 Winters Chapel Rd. Atlanta GA 30360	Phone: 770-328-4573 Fax: 866-514-1948
<i>IL, IA, KS, MN, MO, NE</i>	VFI-Chicago & Midwest c/o Charlotte Kaplan P.O. Box 4992 Skokie, IL 60076-4992	Phone: 847 677 3817 Phone: 888-246-3037 Fax: 866-514-1948
<i>IN, MI, OH, WI</i>	VFI-Midwest/Great Lakes c/o Ed Kohl 7275 Danbrooke West Bloomfield, MI 48322	Phone: 248-420-3729 Fax: 248-671-5007
<i>CO, ND, OK, SD, TX, WY</i>	VFI-Colorado & Mountain States c/o Ed Koplín 1122 Monaco Parkway Denver, CO 80220	Phone: 303-394-9700 Fax: 866-514-1948
<i>AK, HI, ID, MT, OR, WA</i>	VFI-Pacific Northwest c/o Josef Herz 13705 SE 144 th Street Renton, WA 98059	Phone: 425-235-8280 Fax: 866-514-1948
<i>N. CA, NV, UT</i>	VFI-San Francisco c/o Kay Warren 6975 Thornhill Drive Oakland, CA 94611-1337	Phone: 510-339-0183 Phone: 866-380-6464 Fax: 866-380-6464
<i>AZ, S. CA, NM</i>	VFI-Los Angeles c/o Carol Hananel 23710 Kivik St. Woodland Hills, CA 91367	Phone: 818-347-5464 Phone: 866-345-3352 Fax: 866-345-3352

¹ Revision Date: 11 January 2008

Israel Has Your Heart. Now Is The Time to Lend Your Hands.

Welcome!¹

The purpose of Volunteers for Israel (VFI) is to aid Israel through hands-on volunteer work and to build lasting relationships between Israelis, Diaspora Jews, and other friends of Israel. Our programs are available to the young and young at-heart, ages 17 and up. Volunteers for Israel is a non-profit, nonpolitical, non-denominational organization that affords you the opportunity – and privilege – of being part of the national effort of the Jewish people in the State of Israel. You perform various civilian, non-combat duties on military bases or in hospitals that would otherwise have to be done by overburdened Israelis. Meeting and working closely with Israelis on the job puts you directly in touch with the culture, lifestyle, and pulse of this vibrant country, while providing essential physical and moral support.

In addition to volunteer work, VFI includes organized tours, educational lectures, and evening programs.

Perhaps most rewarding, however, is the emotional satisfaction that comes from knowing you have given the best you have to give...yourself.

We deeply appreciate your willingness to volunteer your time and services in this special way for the benefit of Israel.

What to Expect

Like Israelis, volunteers work a 5-day week.

There is no work on Friday or Shabbat (Saturday).

- 3 kosher meals are provided daily.
- Several volunteers live together in one room. Men and women are housed separately.
- Generally, you are free to spend weekends off the work site. This is a good time to travel, visit relatives and friends, and enjoy Israel. Sar-El staff can help with weekend arrangements.
- The kind of work you do will depend upon the current need. On a base, tasks may include manual labor, equipment repair or maintenance, packaging supplies, kitchen duties, and gardening. If you request a hospital assignment, you might help with patient care, meals, geriatric care, laundry, etc. You will not perform medical/nursing work.

Application Procedure

Please read the information below carefully.

Complete, sign, and return this application together with the non-refundable application fee of \$80* (\$50* if you have volunteered in the past 365 days or you are a student), made payable to Volunteers for Israel.

In addition, submit to our office

- a letter of recommendation from a rabbi, other clergy person or community leader (first-timers only)
- an additional, personal recommendation (first-timers only)
- our medical form completed by your physician
- a photocopy of your medical insurance card (not Medicare)
- a photocopy of the picture page of your valid passport
- our completed waiver release
- our completed health insurance coverage waiver
- if under 18 years of age when you sign the application, all forms must be co-signed and you must submit the UNDER-18 Informed Consent and Agreement form.

A personal interview by one of our representatives is also part of the application process (first-timers only). Please call your regional office to arrange for your interview. (See www.vfi-usa.org or the VFI brochure for regional office telephone numbers.) NON-US CITIZENS MUST GET AN ISRAELI VISA. Israeli citizens of military age must have clearance from the Israeli army. This may be secured from the nearest Israeli Consulate.

Join Volunteers for Israel.

It's a Life-Changing Experience!

** Fees subject to change.*

¹ Revision Date: June 4, 2008

Terms & Conditions

Neither Volunteers for Israel nor any co-sponsor is liable or responsible for injury or damage directly or indirectly to persons or property in connection with any transportation, accommodations, tour program, other services, or resulting from a breakdown in machinery or equipment, acts of government or other authorities, wars, terrorism, civil disturbances, strikes, thefts, delays, cancellations or changes in itinerary, or from any other causes beyond the control of Volunteers for Israel, its principals, or any other co-sponsor.

Volunteers for Israel reserves the right to accept or reject any person as a member of the program. Proselytizing will result in immediate dismissal from the program. Upon the decision of the program staff in Israel, possession and/or use of alcohol or illegal drugs, or refusal to abide by the regulations of the work site, may also result in dismissal from the program.

Participants are required to provide their own health and accident insurance valid in Israel for the duration of their time on the program. Volunteers should review their coverage, and if it does not cover their stay in Israel, short-term coverage should be purchased. In view of statutory or contractual limitations which apply to travel problems or property damage losses, we recommend the purchase of trip and baggage insurance. *(VFI offers an insurance option with an Israeli insurance company that has some very attractive options for volunteers. Additional information can be obtained on our web site or by contacting VFI at 212-643-4848 or 866-514-1948)*

Don't forget that:

1. **THE APPLICATION FEE IS NON-REFUNDABLE.**
2. Volunteers for Israel reserves the right to cancel the program at any time or to reject any applicant for any reason it deems appropriate.
3. You are expected to make your own travel arrangements. If you wish, however, we can provide names of agents who specialize in travel to Israel.
4. Programs begin on specific Sundays and Mondays only. You must be at Ben-Gurion Airport between 8 a.m. and 7 p.m. on the program start day (Sunday or Monday) to meet Sar-El representatives and be transported to your work location. If you arrive in Israel on any other day, check with our office in Israel to learn when and where to meet the Sar-El representative
5. After you make your own travel arrangements, *you must* notify your regional VFI office/contact person of your airline, flight number, arrival date, and expected arrival time. We will arrange for Sar-El to pick you up at the airport during regular pickup times and transport you to your assigned location.
6. Participants who wish to change their return date must make their own arrangements in Israel directly with their airline and pay any penalties they may incur.
7. Confirm your return reservations with your airline at least 72 hours prior to your flight home.

Volunteers for Israel® Program Application¹

Please COMPLETE, SIGN, DATE and return with Non-refundable \$80 application fee
(\$50 if you volunteered in the past 365 days or if you are a student)

Program START Date: (MM/DD/YYYY)	END Date: (MM/DD/YYYY)	Traveling With:

PERSONAL INFORMATION

Last name:	First:	Middle:	Sex:	Marital status (circle one)
			<input type="checkbox"/> M <input type="checkbox"/> F	Single / Mar / Div / Sep / Wid
Occupation or Past Occupation:	Religious Affiliation:	Birth date:	Age:	
	<input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform	<input type="checkbox"/> Reconstructionist <input type="checkbox"/> Jewish-Other	<input type="checkbox"/> Non-Jewish <input type="checkbox"/> Messianic	/ /
Street address:	Apt. No. Or P.O. box:			
City:	State:	ZIP Code:		
Home phone no.:	Cell phone no.:	Work phone no.:	Email:	

PASSPORT INFORMATION

Passport No.	Expiration Date: (DD/MM/YYYY)	Issuing Country:	Country of Birth:
	/ /		

PROGRAM INFORMATION

Have you been on the program before?	Dates & Locations:	Requesting to work on a Special Program: (If YES – specify)	Pgm:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about Volunteers for Israel?

- | | |
|--|---|
| <input type="checkbox"/> Print Media (Name): _____ | <input type="checkbox"/> Web Ad (Name): _____ |
| <input type="checkbox"/> Web Search (Name): _____ | <input type="checkbox"/> Web Site (Name): _____ |
| <input type="checkbox"/> Organization(Name): _____ | <input type="checkbox"/> Friend (Name): _____ |
| | <input type="checkbox"/> Other (Name): _____ |

IN CASE OF EMERGENCY / Home Contact

Last Name:	First Name:	Relationship:	Home phone no.:	Cell/Work phone no.:
Address:	City:	State:	Zip:	

IN CASE OF EMERGENCY / Contact in Israel (if available)

Last Name:	First Name:	Relationship:	Home phone no.:	Cell/Work phone no.:
Address:	City:	Zip:		

DECLARATION: I have read the terms and conditions included with this application. I understand these terms and agree they shall be binding on me. I further agree that my disregard for these policies will be sufficient grounds for my expulsion from the program without refund, and any additional expense will be borne by me. I am in good health and have disclosed any illness or other condition that would impede my performance of heavy physical labor. In participating as a VOLUNTEER FOR ISRAEL, I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces.

Signature:	Date:

¹ FileName: VFI-ApplicationForm.doc Revision Date: 23 October 2007

Volunteers For Israel®

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

VFI Application Checklist¹

<input type="checkbox"/> Yes	Application Fee	\$
<input type="checkbox"/> Yes	Additional tax deductible donation	\$
<input type="checkbox"/> Yes	Total amount enclosed	\$
<input type="checkbox"/> Yes	VFI Application form	
<input type="checkbox"/> Yes	VFI General Waiver	
<input type="checkbox"/> Yes	VFI Insurance Waiver	
<input type="checkbox"/> Yes	VFI Medical forms (2 pages)	
<input type="checkbox"/> Yes	VFI Travel form	
<input type="checkbox"/> Yes	Photocopy of picture page of passport	
<input type="checkbox"/> Yes	Photocopy of insurance coverage/card (not Medicare)	
<input type="checkbox"/> Yes	Interview (first time applicants)	
	Letters of Recommendations (first time applicants)	
<input type="checkbox"/> Yes	a. Rabbi (or other clergyperson, or community leader)	
<input type="checkbox"/> Yes	b. Personal	
	If under 18 years of age when you signed your application forms	
<input type="checkbox"/> Yes	a. All signatures are to be co-signed	
<input type="checkbox"/> Yes	b. UNDER-18 Informed Consent and Agreement form	

Reminders

1. Make the check out to "Volunteers for Israel".
2. The Application fee is non-refundable
3. Volunteers for Israel is a 501c3 organization. Contributions are tax deductible.
4. A portion of your trip expenses may also be tax deductible. Consult with your tax expert or see IRS Publication 526.
5. Check the expiration date of your passport. For a typical 2-3 week program you will need a MINIMUM of 7 months left on your passport.
6. Keep a COMPLETE copy of ALL submitted forms for future reference
7. In addition you will need THREE SETS of copies of certain forms to take with you to Israel:
 - a. VFI medical form – (2 page)
 - b. VFI Insurance Waiver
 - c. Copy of the picture page of your passport
 - d. Photocopy of proof of insurance coverage
 - e. Under-18 Consent and Agreement form
8. If you have any question do not hesitate to contact VFI. There are no "dumb questions", only "unasked questions".
9. Check the VFI web site for the latest changes to the program:
 - a. <http://www.vfi-usa.org>
 - b. Or call 212-643-4848 or 866-514-1948

¹ FileName: VFI Application Checklist.doc Revision date: June 5, 2008

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VFI WAIVER RELEASE AND INDEMNIFICATION BY VFI PROGRAM PARTICIPANT*

I hereby agree to participate in the Volunteers for Israel, Inc. ("Volunteers", "VFI") program upon the express understanding and condition that:

1. I have received and read all of the materials provided to me, including all of the rules, procedures, and guidelines of Volunteers, and I agree to follow all such rules, procedures, and guidelines.
2. I have been advised that the Program may call at times for vigorous exertion and physical effort under spartan living conditions. I declare that I am in good mental health and in good physical condition, and am physically capable of participating in this Program. To the extent necessary in light of my prior health history and general physical condition, I have consulted my personal physician or other health authority before agreeing to participate in this Program, and have obtained the confirmation of my physician for these purposes.
3. Should it become necessary, this document shall constitute a release of my medical examination records to the appropriate medical personnel in Israel.
4. 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 under the Program. It has been recommended, but not required, that I carry trip Insurance. I know that Medicare will not cover me outside the U.S. Proof of said insurance must be furnished as provided in the Health Insurance Coverage Policy and Waiver.
5. I recognize that there are inherent risks in participating in the Volunteers program, and I hereby expressly assume the risk of all losses, illness, and injury that may result from my participation. In consideration for acceptance of my application for the Volunteers program and the substantial organizational and other benefits provided to me by Volunteers, I hereby expressly waive for myself, my heirs, and assigns, any and all claims, costs, liabilities, defenses, or judgments, including attorneys' fees and court costs (hereinafter collectively called "claims") against VFI or Sar EI arising out of my participation in the Volunteers program, including any losses, illness, or injury suffered by me, while traveling to, from, or participating in the Volunteers program. I hereby further agree to indemnify and hold harmless VFI and Sar EI, their employees, trustees, and officers, and any other persons or entities Involved with Volunteers, from and against any and all such claims. I further agree to hold VFI and Sar EI harmless from any and all claims that may be brought against VFI or Sar EI on account of misconduct or negligence on my part. In addition, I recognize and agree that VFI and the Volunteers Program is responsible solely for the Volunteers Program, and has no liability or responsibility for any other program sponsored by any other organization.

Signature of Participant: _____ Date: _____

* Revision Date: January 12, 2007 File Name: VFI-Waiver.doc

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HEALTH INSURANCE COVERAGE POLICY AND WAIVER¹

All Volunteers must provide WRITTEN PROOF of Health and Accident Insurance that is valid for coverage of the participant while in Israel.

This should include a COPY of the INSURANCE CARD and a COPY OF THE PART OF THE POLICY CONFIRMING COVERAGE FOR HEALTH CARE OUTSIDE OF THE UNITED STATES.

The health care insurance MUST COVER EXPENSES FOR DOCTORS, HOSPITALIZATION, and EMERGENCY CARE, IN ISRAEL, for the full length of time the volunteer will be participating in the Sar-El program.

Volunteers must be prepared to pay any medical expenses while in Israel then get reimbursed back at home (unless the insurance company agrees to make payments directly to doctors and hospitals).

VOLUNTEERS WILL NOT BE ABLE TO BEGIN THE PROGRAM WITHOUT PROOF OF INSURANCE. Anyone arriving to begin the program without insurance will be required to purchase coverage from an Israeli company prior to being transported to a base. Volunteers must sign the following waiver acknowledging this policy.

INSURANCE WAIVER

I understand & agree that I am responsible for any medical expenses (including doctor visits, hospitalization, & emergency care) incurred while I am on the SAR-EL program, either on or off base. I WILL PAY THE COST OF THE TREATMENT & WILL SETTLE UP WITH MY INSURANCE COMPANY WHEN I RETURN HOME (unless the copy I will provide of the insurance document states that payment will be made directly to doctors / hospitals in Israel).

Signed: _____

Print name: _____

Dates of program in Israel: _____

A COPY OF THE INSURANCE INFORMATION AND A COPY OF THIS WAIVER MUST BE PRESENTED TO SAR-EL OFFICIALS ON ARRIVAL IN ISRAEL TO BEGIN THE PROGRAM.
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¹ REVISION DATE: 14 October 2006

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VOLUNTEERS FOR ISRAEL MEDICAL INFORMATION FORM*

*** CARRY THIS MEDICAL INFORMATION WITH YOU AT ALL TIMES WHILE IN ISRAEL ***

Applicant's Name _____ Date of Birth _____

Insurance Company _____ Phone # _____ Policy # _____

MEDICAL HISTORY

Height _____ Weight _____ Blood pressure _____

Allergies _____

Food allergies or medical diet (ex: diabetic) _____

Current meds (name & dose) _____

Surgeries _____

Current medical conditions:

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HIV+ | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> GI ulcers |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Cancer | <input type="checkbox"/> Crohn's / Irritable bowel / Diverticulosis |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> COPD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Glaucoma |

Any other health history or information that may be helpful in the event emergency medical care is needed:

Medical Emergency contact -- Physician

Physician Name _____ City/State _____

Phone number _____

Medical Emergency contact – Family or Friend

Name _____ Relationship _____

City/State _____ Phone number _____

Notice of Privacy Practices

By completing and signing this medical information form, you authorize Volunteers for Israel USA (VFI) to receive personal health information about you from your physician, and to disclose that information as needed within the network of VFI and its Israel affiliate, Sar-EI, in consideration of your participation as a volunteer. VFI / Sar-EI will make every effort to protect the privacy of your health information. We may use and/or disclose health information about you to entities and/or under circumstances which may include:

- To determine your eligibility to participate in the Volunteers for Israel work program
- To provide emergency health care services to you while participating in the VFI program
- To prevent a serious threat to your health and safety or the health and safety of the public or another person

Applicant's Signature _____ Date _____

MEDICAL EXAMINER'S SIGNATURE _____ Date _____

VFI – USA MEDICAL RELEASE FORM*

Dear Medical Examiner:

Your evaluation is important to us. Ours is a **WORK** program that involves austere living conditions and other stresses related to visiting a foreign country. This includes communal living in barracks facilities, in most instances without air conditioning or central heating, often working in the hot sun or under other adverse weather conditions, performing physical labor which can include lifting, bending, climbing stairs, and being on one's feet for long periods of time. Your assessment of this applicant's physical condition and psychological status is a significant factor in determining acceptance into our program.

Please be diligent in your evaluation. Please do NOT approve someone who has medical or psychological problems that may cause harm to themselves or others by undertaking this work effort.

.....
Applicant's Name _____ Date of Birth _____

How long has applicant been a patient of your practice? _____

PHYSICAL OVERVIEW (separate Medical Information Form must be completed also):

Is applicant capable of performing physical labor, including lifting 20 pounds? _____

Are cardiac and respiratory status acceptable for heat exposure and physical exertion? _____

Can applicant climb stairs and walk one mile over uneven surface without difficulty or assistance? _____

Will change in diet cause concern for health problems (higher salt and sugar content)? _____

PSYCHOLOGICAL OVERVIEW:

Is applicant flexible, agreeable, capable of working and associating with new people? _____

Any history of mental illness, significant depression, bipolar disorder? _____

Any use of anti-psychotic medications or illegal drugs? _____

Currently under the care of a Psychiatrist? (give name and phone #) _____

.....
I have examined the above named applicant and _____ Do _____ Do not consider him / her physically and psychologically qualified to participate in the Volunteers for Israel work program.

Examiner's Signature: _____ Date: _____

PRINT:

Examiner's Name _____

Address _____

Phone _____ FAX _____

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VFI TRAVEL INFORMATION*

Please complete the following form and give to your VFI Regional office at least 14 days prior to your departure.

SAR-EL will pick up people at the airport on flights arriving on SUNDAY and MONDAY. Volunteers who arrive on OTHER days will have to make their own transportation and accommodation arrangements prior to joining their work program, which starts on SUNDAY or MONDAY.

Name: _(Last)_____ (First)_____ _

Program Start Date: ___/___/___ Program End Date: ___/___/___

DEPARTURE TO ISRAEL:

Departure Date: ___/___/___ Departure Time: _____ AM / PM

Departure City: _____

Airline: _____ Flt. No.: _____

Connecting or Departure City PRIOR to Arrival in Israel: _____

ARRIVAL IN ISRAEL:

Arrival Date in Israel: ___/___/___ Arrival Time in Israel: _____ AM / PM

Airline: _____

Flt. No.: _____

DEPARTURE FROM ISRAEL:

Departure Date: ___/___/___ Departure Time: _____ AM / PM

Airline: _____ Flt. No.: _____

Final Destination:

Arrival Date: ___/___/___ Arrival Time: _____ AM / PM

Airline: _____

Flt. No.: _____