

## APPLICATION PROCEDURE

### Welcome to Volunteers for Israel (VFI)!

**NOTE: THE APPLICATION IS TIME SENSITIVE.** Check with your **REGIONAL MANAGER** for deadlines.

**CHECK YOUR PASSPORT'S EXPIRATION DATE.** It must be valid for seven (7) months from the date you leave Israel. If not, apply for a new passport immediately.

Read through the entire Application packet first, particularly the **medical forms and the reasons for exclusion**. View our website and check the **FAQ** page. Many of your questions will be answered there.

**PRINT and FILL IN ALL FORMS**, and sign the declarations and waivers.

- Take the **MEDICAL FORMS** to your physician for completion at your physical exam.
- **MEDICAL FORMS** are valid for one year from the date they were signed by the physician. Volunteers returning within one year of the exam date are required to disclose any new medical conditions that may warrant a new exam and/or reconsideration of a volunteer's eligibility for the program.
- If you are **UNDER 18** at the time you sign, a parent or guardian must co-sign each form and you must submit the **UNDER-18 INFORMED CONSENT AND AGREEMENT** form below (p. 9).

***In addition to the FORMS included in this packet, you must also SUBMIT THE FOLLOWING ITEMS TO YOUR REGIONAL MANAGER:***

- The picture page of your valid passport.
- Copy of your Covid-19 vaccination card with all dates, including booster (currently required by Sar-El and Israeli Health Ministry).
- **Proof that you have medical coverage in Israel** that includes coverage for Covid-19 or reimbursement for emergency costs incurred out of the country through your U.S. policy, i.e., a photocopy of the **front and back of your insurance card** or a written statement from the insurance company. Send a copy of the front and back of your supplemental insurance card if you are using that policy as proof of insurance. **NOTE: Medicare will not cover you in Israel.**
- **Two letters of recommendation** (first-time applicants only). One letter should be from a rabbi, other member of the clergy or a community representative. The second reference may be from a colleague or friend.
- **A check made out to "VFI"** to cover your non-refundable Application fee and donations. The Application fee is \$125 for adults; \$75 for volunteers returning within 12 months; and \$55 for students.

**KEEP A COPY OF ALL PARTS OF YOUR APPLICATION FOR YOUR PERSONAL FILES, AND BRING ONE COPY OF COMPLETED RELEVANT FORMS TO KEEP WITH YOU IN ISRAEL.**

- The **VFI APPLICATION CHECKLIST** below (p. ii) will help you to organize and complete your Application.
- **SUBMIT all completed Application forms to your Regional Manager.** See the **CONTACT link** on our website or call 866-514-1948 if you have questions.
- **Contact your Regional Manager to set up your interview** (for first-time applicants or those who have not volunteered in the past 5 years).

**IMPORTANT: DO NOT MAKE YOUR FLIGHT PLANS UNTIL AFTER YOU ARE ACCEPTED TO THE PROGRAM BY VFI AND SAR-EL, UNLESS YOU ARE GOING TO ISRAEL ANYWAY.** Pay close attention to the arrival/departure time requirements listed on the **VFI TRAVEL INFORMATION** form (p. 7). **Submit the form to your Regional Manager.**

**GET READY FOR THE ADVENTURE OF A LIFETIME!**

## VFI APPLICATION CHECKLIST

**NOTE: MAKE ONE (1) COPY OF ALL FORMS BELOW AND GIVE THEM TO YOUR REGIONAL MANAGER, AND CARRY A SECOND COMPLETED SET OF FORMS IN THE SHADED AREA BELOW TO KEEP WITH YOU IN ISRAEL IN CASE OF EMERGENCY.**

**(Copy the Under-18 form only if it is relevant.) Use the left column to check off items as you complete them.**

|                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | Non-Refundable Application Fee. <b>Check made out to “Volunteers for Israel.”</b><br>The Application fee is \$125; \$75 for volunteers returning within 12 months;<br>and \$55 for students. \$ _____   |
| <input type="checkbox"/> Yes | Tax-Deductible Donation (optional). VFI is an all-volunteer organization, and we greatly appreciate your support. Please consider an additional donation of \$18, \$36, \$50, \$100, \$250, \$500, Other. Thank you. See <a href="http://www.vfi-usa.org/support-vfi/">http://www.vfi-usa.org/support-vfi/</a> \$ _____ |
| <input type="checkbox"/> Yes | Complete the Program Application, Part I  |
| <input type="checkbox"/> Yes | <b>Program Application (Emergency Contact/Signed Declaration), Part II; Page 2</b>  |
| <input type="checkbox"/> Yes | <b>VFI Medical Packet, Notice of Privacy Practices/Exclusions Form; Page 3</b>  |
| <input type="checkbox"/> Yes | <b>VFI Medical Packet Release Form; Page 4</b>  |
| <input type="checkbox"/> Yes | <b>VFI Medical Packet Medical Information Form; Page 5</b>  |
| <input type="checkbox"/> Yes | <b>Signed Release and Indemnification Form; Page 6</b>  |
| <input type="checkbox"/> Yes | <b>Proof of Medical Coverage (not Medicare) . Copy of both sides of Health Insurance Card and/or copy of trip insurance that covers medical expenses in Israel</b>  |
| <input type="checkbox"/> Yes | <b>Proof of all Covid-19 vaccinations, plus booster.</b>  |
| <input type="checkbox"/> Yes | <b>Photocopy of your Passport Picture Page</b>  |
| <input type="checkbox"/> Yes | <b>Under-18 Informed Consent Form, if applicable; Page 8 plus all other forms co-signed</b>   |
| <input type="checkbox"/> Yes | Two Letters of Recommendation (first-time applicants)   |
| <input type="checkbox"/> Yes | Interview Appointment Date _____ Time _____   |
| <input type="checkbox"/> Yes | Travel Information Form; Page 7 (after acceptance to the program)   |
| <input type="checkbox"/> Yes | Sent fee of \$100 U.S Dollars to Sar-El for program that begins after July 1, 2022<br>(or 100 shekels for program that begins before July 1, 2022).   |

**QUESTIONS? CONTACT YOUR REGIONAL MANAGER OR CALL 866-514-1948**



GIVE 1 COPY TO YOUR REGIONAL MANAGER AND  
 BRING ONE COMPLETED COPY TO KEEP WITH YOU IN ISRAEL

## PROGRAM APPLICATION (Part I)

Please COMPLETE, SIGN, DATE and return with a non-refundable \$125 Application fee;  
 \$75 for volunteers returning within 12 months; and \$55 for students.

|   |  |   |
|---|--|---|
| PROGRAM START DATE: (MM/DD/YYYY)  | END DATE: (MM/DD/YYYY)   | PLACE ON BASE WITH:   |
| INTERNAT'L YOUTH PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO  | VFI CAMPUS: <input type="checkbox"/> YES <input type="checkbox"/> NO           | TAGLIT-BIRTHRIGHT EXTENSION: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| VFI PLUS ADVANCED PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO | VFI PLUS ARCHAEOLOGY: <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

### PERSONAL INFORMATION

|   |                 |                 |  |  |
|---|-----------------|-----------------|--|--|
| LAST NAME:  | FIRST:          | MIDDLE:         | GENDER:<br><input type="checkbox"/> M <input type="checkbox"/> F | MARITAL STATUS:<br><input type="checkbox"/> SINGLE <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> SEP <input type="checkbox"/> WID |
| OCCUPATION OR PAST OCCUPATION IF RETIRED:   |                 |                 | BIRTH DATE:  | AGE:   |
| IF YOU ARE A STUDENT – LIST YOUR SCHOOL:  |                 |                 | YEAR OF GRADUATION:  |  |
| RELIGIOUS AFFILIATION: <input type="checkbox"/> ORTHODOX <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> REFORM <input type="checkbox"/> RECONSTRUCTIONIST<br><input type="checkbox"/> JEWISH-OTHER <input type="checkbox"/> MESSIANIC <input type="checkbox"/> NON-JEWISH |                 |                 |  |  |
| T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL   |                 |                 |  |  |
| STREET ADDRESS:   |                 |                 | APT. NO. OR P.O. BOX:  |  |
| CITY:   |                 |                 | STATE:   | ZIP CODE:  |
| HOME PHONE NO.:   | CELL PHONE NO.: | WORK PHONE NO.: | EMAIL:   |  |

### PASSPORT/COVID VACCINATION INFORMATION

|  |                               |                  |                   |
|--|-------------------------------|------------------|-------------------|
| PASSPORT NO.   | EXPIRATION DATE: (DD/MM/YYYY) | ISSUING COUNTRY: | COUNTRY OF BIRTH: |
| WHERE HAVE YOU TRAVELED IN THE LAST 5 YEARS? LIST COUNTRIES AND DATES: |                               |                  |                   |
|  |                               |                  |                   |

#### COVID-19 VACCINATIONS + BOOSTER (required)

|                               |               |
|-------------------------------|---------------|
| COVID-19 VACCINATION DATE(S): | BOOSTER DATE: |
|-------------------------------|---------------|

### PROGRAM INFORMATION

|  |  |  |  |
|--|--|--|--|
| HAVE YOU BEEN ON A VFI PROGRAM BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES          |  | HAVE YOU EVER BEEN A MEMBER OF THE US ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES |  |
| DATES & LOCATIONS:   |  |  |  |
|  |  |  |  |
| HOW DID YOU HEAR ABOUT VOLUNTEERS FOR ISRAEL?  |  |  |  |
| <input type="checkbox"/> NEWSPAPER/MAGAZINE ARTICLE (NAME): _____  |  | <input type="checkbox"/> VFI BROCHURE; PRESENTATION; ETC. (NAME): _____                                      |  |
| <input type="checkbox"/> INTERNET SEARCH / SITE: _____   |  | <input type="checkbox"/> FRIEND/RELATIVE ON PROGRAM (NAME): _____  |  |
| <input type="checkbox"/> ORGANIZATION (NAME): _____  |  | <input type="checkbox"/> OTHER (NAME): _____   |  |
| ARE YOU WILLING TO BE INTERVIEWED BY THE MEDIA? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |

CONTINUE TO NEXT PAGE, PROGRAM APPLICATION (PART II).

GIVE 1 COPY TO YOUR REGIONAL MANAGER AND  
 BRING ONE COMPLETED COPY OF THE SIGNED FORM TO KEEP WITH YOU IN ISRAEL

## PROGRAM APPLICATION (Part II)

| EMERGENCY CONTACT INFORMATION  |                      |               |      |
|--|----------------------|---------------|------|
| APPLICANT'S NAME:  |                      |               |      |
| APPLICANT'S EMAIL:   |                      |               |      |
| IN CASE OF EMERGENCY: HOME CONTACT   |                      |               |      |
| LAST NAME:   | FIRST NAME:          | RELATIONSHIP: |      |
| HOME PHONE NO.:  | CELL/WORK PHONE NO.: | EMAIL:        |      |
| 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.: | EMAIL:        |      |
| ADDRESS:   | CITY:                | STATE:        | ZIP: |
| <p><b>TERMS &amp; CONDITIONS:</b><br/>           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.</p> <p><b>REASONS FOR DISMISSAL FROM THE PROGRAM:</b><br/>           Volunteers for Israel reserves the right to accept or reject any person from the program. <b>Proselytizing</b> in any form will result in immediate dismissal from the program. Upon the decision of the program staff in Israel, <b>possession and/or use of alcohol or illegal drugs</b>, or <b>refusal to abide by the regulations of the work site</b>, may also result in immediate dismissal from the program.</p> <p><b>DECLARATION:</b> 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 member of VOLUNTEERS FOR ISRAEL, I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces.</p> |                      |               |      |
| SIGNATURE:   |                      | DATE:         |      |

GIVE 1 COPY TO YOUR REGIONAL MANAGER  
 AND BRING ONE COMPLETED COPY OF THE SIGNED FORM TO KEEP WITH YOU IN ISRAEL

## MEDICAL PACKET

### NOTICE OF PRIVACY PRACTICES/EXCLUSIONS

*(Present this to your physician with the VFI MEDICAL RELEASE form and VFI MEDICAL INFORMATION form.)*

#### FOR THE APPLICANT:

By completing and signing this medical information form, you authorize Volunteers for Israel (VFI) to receive personal health information about you from your physician, and to disclose that information as needed within the network of VFI and Sar-El, in consideration of your participation as a volunteer. VFI 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

**NOTE: MEDICAL FORMS are valid for one year from the date they were signed by the physician. All volunteers returning within one year of the exam date are required to disclose any new medical conditions that may warrant a new exam and/or reconsideration of a volunteer’s eligibility for the program.**

**I have received all of the Covid-19 vaccinations and booster vaccinations currently required by Sar-El and by the Israeli Health Ministry Guidelines for foreign passport and Israeli passport holders for entry into Israel.**

|                        |       |
|------------------------|-------|
| APPLICANT’S SIGNATURE: | DATE: |
|------------------------|-------|

#### FOR THE PHYSICIAN: PLEASE READ CAREFULLY

I have been advised by the applicant and acknowledge that he/she cannot participate in the VFI/Sar-El program or may be asked in Israel to leave the VFI/Sar-El program if he/she has medical conditions that put him/her at risk or which burden other volunteers or staff members. These conditions include but are not limited to: **Heart conditions or uncontrolled high blood pressure** that put volunteers at risk. **Pacemaker: In general, applicants with Pacemakers are not eligible.** However, on a case-by-case basis, and only after extensive medical evaluation, an applicant could be deemed eligible. **Sleep Apnea:** No person can participate with obstructive sleep apnea that (i) causes loud snoring, gasping, or choking which may interfere with the sleep of other volunteers in a multiple bunk room, and/or will put volunteers in danger during the work day e.g. daytime fatigue. (ii) Volunteers with controlled sleep apnea via use of a CPAP machine may participate in VFI/Sar-El program only if the CPAP includes Battery Backup. **Physical disabilities which require leg prostheses or other assistive technologies** including walkers, walking sticks or canes. **Active HIV or AIDS. Diabetes which requires daily use of refrigerated insulin.** Refrigeration is not available on every base. Therefore, any volunteer with any condition which requires refrigerated medication will not be able to participate. **Fitness:** No person can participate in a VFI/Sar-El program unless they can (1) walk one mile on uneven surfaces and (2) lift an object weighing 20 pounds.

|                               |       |
|-------------------------------|-------|
| MEDICAL EXAMINER’S SIGNATURE: | DATE: |
|-------------------------------|-------|



GIVE 1 COPY TO YOUR REGIONAL MANAGER  
 AND BRING ONE COPY OF THE COMPLETED FORM TO KEEP WITH YOU IN ISRAEL

## MEDICAL PACKET

### VFI MEDICAL RELEASE

*(Present this to physician with NOTICE OF PRIVACY PRACTICES/EXCLUSIONS form and VFI MEDICAL INFORMATION 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.**

**NOTE: MEDICAL FORMS are valid for one year from the date they were signed. Volunteers returning within one year of the exam date are required to disclose any new medical conditions that may warrant a new exam and/or reconsideration of the volunteer's eligibility for the program.**

|  |                |
|--|----------------|
| APPLICANT'S NAME:  | DATE OF BIRTH: |
| HOW LONG HAS APPLICANT BEEN A PATIENT OF YOUR PRACTICE?: |                |

#### PHYSICAL OVERVIEW (a 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 a change in diet, such as higher salt and sugar content, cause health concerns? \_\_\_\_\_

#### PSYCHOLOGICAL OVERVIEW:

- Is applicant flexible, agreeable, capable of working and associating with new people? \_\_\_\_\_
- Does applicant have any history of mental illness, significant depression, bipolar disorder? \_\_\_\_\_
- Does applicant use any anti-psychotic medications or illegal drugs? \_\_\_\_\_
- Is applicant 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.

|                                    |           |
|------------------------------------|-----------|
| MEDICAL EXAMINER'S SIGNATURE:      | DATE:     |
| MEDICAL EXAMINER'S NAME (PRINTED): | LICENSE # |
| ADDRESS:                           |           |
| PHONE:                             | FAX:      |

GIVE 1 COPY TO YOUR REGIONAL MANAGER AND  
BRING ONE COPY OF THE COMPLETED FORM TO KEEP WITH YOU IN ISRAEL

## MEDICAL PACKET

### VFI MEDICAL INFORMATION

*(Present this to your physician with NOTICE OF PRIVACY PRACTICES/  
EXCLUSIONS form and VFI MEDICAL RELEASE form.)*

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

|   |                                    |   |
|---|------------------------------------|---|
| APPLICANT'S NAME:   |                                    | DATE OF BIRTH:  |
| INSURANCE COMPANY:  | PHONE #:                           | POLICY #:   |
| <b>MEDICAL HISTORY</b>  |                                    |   |
| HEIGHT:   | WEIGHT:                            | BLOOD PRESSURE:   |
| ALLERGIES:  |                                    |   |
| FOOD ALLERGIES OR MEDICAL DIET (EX: DIABETIC):  |                                    |   |
| CURRENT MEDS (NAME(S) AND DOSE(S)):   |                                    |   |
|   |                                    |   |
| SURGERIES:  |                                    |   |
|   |                                    |   |
| CURRENT MEDICAL CONDITIONS:   |                                    |   |
| <input type="checkbox"/> HYPERTENSION   | <input type="checkbox"/> HIV+      | <input type="checkbox"/> HEPATITIS                                  |
| <input type="checkbox"/> ANGINA   | <input type="checkbox"/> EMPHYSEMA | <input type="checkbox"/> CANCER                                     |
| <input type="checkbox"/> HEART DISEASE  | <input type="checkbox"/> COPD      | <input type="checkbox"/> DIABETES                                   |
| <input type="checkbox"/> PACEMAKER  | <input type="checkbox"/> ASTHMA    | <input type="checkbox"/> SEIZURE DISORDER                           |
|   |                                    | <input type="checkbox"/> GI ULCERS                                  |
|   |                                    | <input type="checkbox"/> CROHN'S / IRRITABLE BOWEL / DIVERTICULOSIS |
|   |                                    | <input type="checkbox"/> KIDNEY STONES                              |
|   |                                    | <input type="checkbox"/> GLAUCOMA                                   |
|   |                                    | <input type="checkbox"/> OTHER _____                                |
| <b>IS THERE ANY OTHER HEALTH HISTORY OR INFORMATION THAT MAY BE HELPFUL IN THE EVENT THAT EMERGENCY MEDICAL CARE IS NEEDED?</b> |                                    |   |
|   |                                    |   |
| MEDICAL EXAMINER'S SIGNATURE:   |                                    |   |
|   |                                    |   |
| <b>MEDICAL EMERGENCY CONTACT – PHYSICIAN</b>  |                                    |   |
| PHYSICIAN NAME:   | PHONE NUMBER:                      |   |
| CITY/STATE:   |                                    |   |
|   |                                    |   |
| <b>MEDICAL EMERGENCY CONTACT – FAMILY OR FRIEND</b>   |                                    |   |
| NAME:   | RELATIONSHIP:                      |   |
| CITY/STATE:   | PHONE NUMBER:                      |   |
|   |                                    |   |





GIVE 1 COPY TO YOUR REGIONAL MANAGER  
AND BRING ONE COMPLETED COPY TO KEEP WITH YOU IN ISRAEL

## RELEASE AND INDEMNIFICATION

### FOR THE APPLICANT

- 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.

**Volunteers with medical conditions that put themselves at risk or which burden other volunteers or staff members cannot participate in the VFI/Sar-El program or may be asked in Israel to leave the VFI/Sar-El program. These conditions include but are not limited to:**

**Heart conditions or uncontrolled high blood pressure** that puts volunteers at risk. **In general, applicants with Pacemakers are not eligible.** However, on a case-by-case basis, and only after extensive medical evaluation, an applicant could be deemed eligible. **Sleep Apnea:** No person can participate with obstructive sleep apnea that (i) causes loud snoring, gasping, or choking which may interfere with the sleep of other volunteers in a multiple bunk room, and/or will put volunteers in danger during the work day e.g. daytime fatigue. (ii) Volunteers with controlled sleep apnea via use of a CPAP machine may participate in VFI/Sar-El only if the CPAP includes Battery Backup. **Physical disabilities which require leg prostheses or other assistive technologies**, including walkers, walking sticks or canes. **Active HIV or AIDS. Diabetes which requires daily use of refrigerated insulin.** Refrigeration is not available on every base. Therefore, any volunteer with any condition which requires refrigerated medication will not be able to participate. **Fitness:** No person can participate in a VFI/Sar-El program unless they can (1) walk one mile on uneven surfaces and (2) lift an object weighing 20 pounds.

3. Should it become necessary, this document shall constitute a release of my medical examination records to the appropriate medical personnel in Israel.
4. I understand that I must carry and provide **WRITTEN PROOF OF HEALTH AND ACCIDENT INSURANCE** that covers all expenses and charges for DOCTORS, HOSPITALIZATION and EMERGENCY CARE that is valid for the full length of time I will be participating in the Sar-El program in Israel — both on and off base. This should include a copy of **both sides of my insurance card and a copy of the part of the policy confirming coverage for health care outside the United States.** I understand that Medicare will not cover me outside the United States.

**I WILL PAY THE COST OF ALL MEDICAL TREATMENT AND GET REIMBURSED FROM MY INSURANCE COMPANY WHEN I RETURN TO THE UNITED STATES** (unless the copy I provide of the insurance document expressly states that my insurance payments will be made directly to doctors/hospitals/etc. in Israel). I WILL ASK FOR MEDICAL INVOICES WRITTEN IN ENGLISH.

It has been recommended, but not required, that I carry trip insurance that covers medical expenses in Israel.

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 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 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 harmless from any and all claims that may be brought against VFI 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.
6. **IN LIGHT OF THE CURRENT COVID-19 PANDEMIC, I UNDERTAKE TO ABIDE BY ALL THE LOCAL REGULATIONS IN EFFECT IN ISRAEL WHILE IN THE PROGRAM, INCLUDING HOLDING A "GREEN PASS" HEALTH CERTIFICATE, AND I RECOGNIZE THAT IF I BECOME ILL WITH COVID-19 I MAY BE REQUIRED TO LEAVE THE PROGRAM IMMEDIATELY WITHOUT ANY RESPONSIBILITY ON THE PART OF VFI. I ALSO CONFIRM AND AGREE THAT VFI SHALL NOT BE LIABLE OR RESPONSIBLE FOR ANY CANCELLATION OF FLIGHTS AND/OR ENTRY INTO EFFECT OF A LOCK-DOWN PREVENTING TOURISTS FROM ENTERING INTO ISRAEL AND/OR THE SHUTTING DOWN OR QUARANTINING OF MILITARY BASES USED IN THE PROGRAM BY VFI, AND VFI SHALL NOT BE RESPONSIBLE TO FIND ME ALTERNATIVE ACCOMMODATION.**

|                           |  |                            |  |
|---------------------------|--|----------------------------|--|
| SIGNATURE OF PARTICIPANT: |  | DATE:                      |  |
| PRINT NAME:               |  | DATE OF PROGRAM IN ISRAEL: |  |



GIVE 1 COPY TO YOUR REGIONAL MANAGER  
AND BRING ONE COMPLETED COPY TO KEEP WITH YOU IN ISRAEL

## **VFI TRAVEL INFORMATION (Part I)**

**REGULATIONS AND REQUIREMENTS CONCERNING COVID-19 MAY CHANGE AT ANY TIME. CONSULT THE STATE OF ISRAEL'S WEBSITE REGULARLY FOR VACCINATION AND TESTING REQUIREMENTS. <https://corona.health.gov.il/en/abroad/arriving-foreign-nationals/> ALSO CONTACT YOUR VFI REGIONAL MANAGER IF YOU HAVE QUESTIONS.**

**PLEASE DO NOT BOOK YOUR FLIGHT UNTIL YOU ARE APPROVED BY VFI AND SAR-EL (UNLESS YOU ARE GOING TO ISRAEL ANYWAY). SAR-EL'S FINAL APPROVAL IS CONTINGENT ON YOUR REGISTERING ON THEIR LINK, PAYING THEIR 100 SHEKEL FEE\*, AND RETURNING YOUR SIGNED WAIVER TO THEM. DO THIS IMMEDIATELY. SAR-EL WILL SEND YOU A CONFIRMATION EMAIL AND MEETING INSTRUCTIONS. TELL YOUR REGIONAL MANAGER WHEN YOU ARE ACCEPTED.**

*\*SAR-EL's fee is \$100 U.S. dollars for volunteers who apply for programs that start after July 1, 2022.*

### **BOOKING YOUR FLIGHT TO ISRAEL**

**CURRENT PRE-FLIGHT REQUIREMENTS:** Check the websites below often for updates and changes before you book your flights. They can change at any time.

- **PCR TEST:** See <https://corona.health.gov.il/en/abroad/arriving-foreign-nationals/#pre-flight>
- **ENTRY STATEMENT:** See <https://corona.health.gov.il/en/flights/>

**All Sar-El Programs start on Sundays.** You will need to arrive in Israel early enough to go through customs, get your luggage, take a required PCR test, quarantine for several hours until you get results, and be at the bus on Sunday. **Therefore, we strongly suggest that you arrive in Israel no later than Thursday.** Arrange lodging for pre-program nights ahead of time. You can pay for the PCR test at Ben-Gurion airport or pay online at home (which may cost less). See <https://testngo.femi.com/en/sign-in>

- You cannot leave the airport without a test or begin the Program without a negative result. Results can take up to 24 hours. Arrange your quarantine location ahead of time. It could be a hotel or a stay with other volunteers, friends, or family.
- If your flight is delayed or you run into a travel problem in Israel, call/email Sar-El's Program Coordinator, Johanna Arrouas, [johanna@sar-el.org](mailto:johanna@sar-el.org), **054 258 6688**.

### **MEETING INSTRUCTIONS**

**LOCATION:** Sar-El will tell you the time and location. You must arrive on time. It's best to bring your certificate of vaccination and Sar-El acceptance letter. NOTE: The meeting location is subject to change. If there's any question, contact Johanna Arrouas, [johanna@sar-el.org](mailto:johanna@sar-el.org), **054 258 6688**.

For multi-week programs, your *Madrichot* will tell you where and when to meet on Sunday morning to return to the base after the weekend.

### **BOOKING YOUR RETURN FLIGHT**

- Check the US CDC website regularly for updates and changes. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html>
- **Pre-flight PCR test:** Before you can board your return flight, you'll need PCR test and negative results, which can take many hours. Book accordingly. Factor in time for the test and results, travel to the airport, checking in, screening, etc. You might need to stay in Israel an additional day.
- Several websites have links for departure testing. Example: **Check 2 Fly** has many locations. <https://check2fly.co.il/en/> Their Tel Aviv center has 24-hour testing. Appointment required. Tel: **076-5300873**
- If you wish to change the return date of your flight, you must make your own arrangements with the airline directly.

FILL IN THE FORM ON THE NEXT PAGE (8) AND SEND IT TO YOUR REPRESENTATIVE



GIVE 1 COPY TO YOUR REGIONAL MANAGER  
 AND BRING ONE COMPLETED COPY TO KEEP WITH YOU IN ISRAEL

**VFI TRAVEL INFORMATION (Part II)**

|   |  |                         |             |
|---|--|-------------------------|-------------|
| LAST NAME:  |  | FIRST NAME:             |             |
| PROGRAM START DATE:   |  | PROGRAM END DATE:       |             |
| <b>DEPARTURE TO ISRAEL</b>  |  |                         |             |
| DEPARTURE DATE:   | DEPARTURE TIME:<br><input type="checkbox"/> AM <input type="checkbox"/> PM         | DEPARTURE CITY/AIRPORT: |             |
| AIRLINE:  |  | FLIGHT NO.:             |             |
| CONNECTING OR DEPARTURE CITY/AIRPORT <u>PRIOR</u> TO ARRIVAL IN ISRAEL: |  |                         |             |
| <b>ARRIVAL IN ISRAEL</b>  |  |                         |             |
| ARRIVAL DATE IN ISRAEL:   | ARRIVAL TIME IN ISRAEL:<br><input type="checkbox"/> AM <input type="checkbox"/> PM | AIRLINE:                | FLIGHT NO.: |
| <b>DEPARTURE FROM ISRAEL</b>  |  |                         |             |
| DEPARTURE DATE:   | DEPARTURE TIME:<br><input type="checkbox"/> AM <input type="checkbox"/> PM         | AIRLINE:                | FLIGHT NO.: |
| <b>ARRIVAL IN U.S.</b>  |  |                         |             |
| ARRIVAL DATE:   | ARRIVAL TIME:<br><input type="checkbox"/> AM <input type="checkbox"/> PM           | AIRLINE:                | FLIGHT NO.: |

IF YOU ARE UNDER 18, GIVE ONE COPY TO YOUR REGIONAL MANAGER  
AND BRING A COMPLETED COPY TO KEEP WITH YOU IN ISRAEL

## UNDER-18 INFORMED CONSENT AND AGREEMENT

### 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 below – UNDER-18 INFORMED CONSENT AND AGREEMENT.**
- **YOUR PARENT OR LEGAL GUARDIAN MUST CO-SIGN ANY PLACE ON AN APPLICATION FORM WHERE YOUR SIGNATURE IS REQUIRED.**
- **You must keep copies of all your submitted forms.**

See the **APPLICATION CHECKLIST** for forms you must bring with you to Israel.

### Parent (Legal Guardian) Consent for Under-18 Volunteer Participation:

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 level and given the volunteer listed below my consent to participate in the program.

### Parent (Legal Guardian) Consent for Medical Treatment:

In the event the volunteer listed below should require medical treatment/attention 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 this activity or trip to undertake the form of medical treatment considered necessary or appropriate by such provider.

**ACTIVITY OR TRIP:**  VOLUNTEERS FOR ISRAEL / SAR-EL VOLUNTEER PROGRAM IN ISRAEL

|  |       |                            |        |
|--|-------|----------------------------|--------|
| PROGRAM START DATE:  |       | PROGRAM END DATE:          |        |
| <b>VOLUNTEER INFORMATION</b>                                 |       |                            |        |
| NAME:  |       | EMAIL:                     |        |
| PASSPORT NO.:  |       | ISSUING COUNTRY:           |        |
| HEALTH INSURANCE COVERAGE (COMPANY, ID, GROUP#):             |       |                            |        |
| <b>PARENT/GUARDIAN CONTACT INFORMATION</b>                   |       |                            |        |
| <b>PHONE NUMBERS</b>   |       |                            |        |
| HOME:  | CELL: | BUSINESS:                  | EMAIL: |
| <b>A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM BELOW.</b> |       |                            |        |
| NAME (PLEASE PRINT):   |       | NAME (PLEASE PRINT):       |        |
| RELATIONSHIP TO VOLUNTEER:                                   |       | RELATIONSHIP TO VOLUNTEER: |        |
| SIGNATURE AND DATE:  |       | SIGNATURE AND DATE:        |        |