



# Volunteer Application

*Export your Expertise. Volunteer in Israel. For Israel.*

## Application Procedure

**READ** through the entire application.

Applications are found at [www.skillvolunteerisrael.org/application](http://www.skillvolunteerisrael.org/application)

At the end of the application are resource lists for travel insurance and cell phones

**VERIFY** that your passport does not expire less than 6 months prior to your date of departure. All volunteers must have a valid passport to participate and to enter Israel. If your passport will expire in less than 7 months from departure, you must renew your passport.

**SECURE** travel and health insurance that covers Israel. See page (11) for suggested companies.

**Complete all pages of the application form –and provide 2 copies** of the following information:

1. Medical Release, Exam, Waiver, Release forms
2. Proof of health insurance coverage valid for Israel, including copy of card and/or policy
3. 2 Letters of Reference
4. Copy of the picture page of your passport
5. Resume or CV
6. Application fee - \$150 made payable to Skilled Volunteers for Israel, Inc

**Save a copy of all materials submitted for your personal records**

**MAIL 2 copies** of completed application, fee and all required materials to:

Skilled Volunteers for Israel  
PO Box 5154  
Madison, WI 53705-5154

**QUESTIONS? CONTACT** Marla N. Gamoran at 608 469-0458 or email [mgamoran@skillvolunteerisrael.org](mailto:mgamoran@skillvolunteerisrael.org)



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## Skilled Volunteers for Israel Application Checklist.

<input type="radio"/> Yes	2 copies of Application & Agreement Form	
<input type="radio"/> Yes	2 copies of General Waiver	
<input type="radio"/> Yes	2 copies of Health Insurance Waiver	
<input type="radio"/> Yes	2 copies of Medical Information Form	
<input type="radio"/> Yes	2 copies Medical Release Form	
<input type="radio"/> Yes	2 copies Authorization for Background Check Form	
<input type="radio"/> Yes	2 copies of Resume or CV	
<input type="radio"/> Yes	2 copies of Photocopy of picture page of passport	
	Letters of Recommendation:	
<input type="radio"/> Yes	Rabbi or other Community leader	
<input type="radio"/> Yes	Personal	
<input type="radio"/> Yes	Application Fee, non-refundable	\$
<input type="radio"/> Yes	Tax Deductible Donation	\$
<input type="radio"/> Yes	Total Amount Enclosed	\$
	MAIL TO: Skilled Volunteers for Israel PO Box 5154 Madison WI 53705-5154	

Checks should be made payable to Skilled Volunteers for Israel.

The Application Fee is non-refundable.

Check the expiration of your passport. The expiration date must be a minimum of 6 months longer than your date of departure.

Don't forget to bring with you to Israel:

- Your certificate of medical and travel insurance
- A copy of the picture page of your passport
- Copies of any prescriptions you use for potential refills



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## Program Application and Agreement

### Skilled Volunteers for Israel

Travel Start Date		Travel End Date		Traveling With?	
<b>Volunteer Information</b>					
Last Name		First	Middle	Sex	
				<input type="radio"/> M <input type="radio"/> F	
				Marital Status	
				Single/Mar/ Div/Sep/Wid	
Occupation or Past Occupation			Birth Date		Age
Street Address			Apartment Number or PO Box		
City:			State		Zip Code
Home Phone		Cell Phone		Work Phone	
				Email	
<b>Passport Information</b>					
Passport No.		Expiration Date (DD/MM/YYYY)		Issuing Country:	
				County of Birth	
<b>Emergency Contacts (Please provide one in USA, one in Israel if available)</b>					
Last Name		First Name		Relationship	
Address		City		State	
Home Phone		Work/Cell Phone			
Last Name		First Name		Relationship	
Address		City		State	
Home Phone		Work/Cell Phone			



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## Program Application and Agreement (p2)

### Skilled Volunteers for Israel

I, \_\_\_\_\_, agree to serve as a volunteer on behalf of the Israeli organization I am placed with by Skilled Volunteers for Israel, Inc (SVFI-Inc) and commit to the following:

1. To perform the volunteer duties to the best of my ability.
2. To adhere to the rules, policies and procedures of the organization in which I volunteer, including but not limited to record-keeping requirements, and confidentiality of organization and client information.
3. To meet the time and duty commitments and provide notice to SFVI-Inc should I need to alter my volunteer assignment or schedule.
4. To provide SFVI-Inc with an electronic photo that I agree may be used on the SVFI-Inc website and/or other SVFI-Inc electronic media and in print marketing materials.
5. To complete a post volunteer experience survey.
6. To allow SVFI-Inc to use quotes or posts provided by me to SVFI, Inc on the SVFI-Inc website, electronic media and/or other print marketing materials.
7. To write one blog post on my experience for the SVFI-Inc website during my volunteer experience.

I have read all the documents included with this application. I understand the terms and agree they shall be binding on me. I further agree that my disregard for the policies of SVFI, Inc may result in termination of a volunteer assignment without refund. Any expenses associated with termination will be my responsibility. I am in good health and have disclosed any illness or other condition that would impede my ability to volunteer.

Signature:	Date:
Print Name:	



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## **General Waiver and Release** **Skilled Volunteers for Israel, Inc**

I agree to volunteer in Israel with the express understanding and condition that:

1. I declare that I am in good mental health and good physical condition, and am physically capable of traveling to and living in Israel. 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 volunteer in Israel and have obtained the confirmation of my physician for these purposes.

2. Prior to volunteering, I agree to purchase at my expense accident and health insurance covering medical and hospitalization expenses to cover the duration of my stay in Israel. It has been recommended, but not required, that I carry trip insurance. I know that Medicare will not cover me outside the USA. Proof of insurance must be furnished as provided in the Health Insurance Coverage Policy and Waiver.

3. I recognize that there are inherent risks in volunteering in Israel, including hazardous activities and travel in areas which pose risks from terrorism, war, illness or criminal activities. I hereby expressly and specifically assume the risk of injury or harm arising from or related to my volunteering activities and my presence in and travel to and from Israel and release SVFI-Inc from all liability for injury, illness, death or property damage that result from or relate to my activities and my presence in and travel to and from Israel. In consideration for acceptance by SVFI-Inc, I (for myself and on behalf of my heirs, successors and assigns) hereby expressly release and forever discharge SVFI-Inc and such Israeli organizations (the "Releasees") from any and all claims, costs, liabilities, damages, defenses, or judgments, including attorneys' fees and court costs (hereinafter collectively called "Claims"), including but not limited to Claims resulting from negligent activities or omissions of any Releasee, related to my volunteering and all associated activities and travel. I further agree to defend, indemnify and hold SVFI-Inc harmless from any and all Claims that may be brought against SVFI-Inc on account of any act or omission on my part. In addition, I recognize and agree that SVFI-Inc no liability or responsibility for any other organization or program, including any Israeli organization with which I volunteer.



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## **General Waiver and Release (p2)** **Skilled Volunteers for Israel, Inc**

4. I agree that the relationship between me and SFVI-Inc shall be governed and interpreted in accordance with the laws of Wisconsin excluding its conflicts of laws rules. Any legal action or proceeding will be brought exclusively in the federal or state courts located in Dane County, Wisconsin and I irrevocably consent to the personal jurisdiction and venue therein. I agree that in the event that any clause or provision of this or any other document in this package shall be held to be invalid by any court, the invalidity of such clause shall not otherwise affect the remaining provisions, which shall continue to be enforceable.

Signature:	Date:
Print Name:	



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## Health Insurance Coverage Policy and Waiver

All volunteers must provide **written proof** of Health and Accident Insurance that is valid for coverage of the volunteer while in Israel.

This must include:

- Copy of insurance card
- Copy of policy confirming coverage for health care outside of the United States

The health care insurance **MUST COVER EXPENSES FOR DOCTORS, HOSPITALIZATION, and EMERGENCY CARE** and all other medical expenses, **IN ISRAEL**, for the full length of the time the volunteer will be in Israel and on volunteer assignment.

Volunteers must be prepared to pay any medical expenses while in Israel and then get reimbursed back at home unless their insurance policy provides for direct payments to Israeli doctors and hospitals.

**Volunteers will not be accepted to SVFI-Inc volunteer assignments without proof of insurance.** Volunteer must sign the following waiver acknowledging this policy.

### INSURANCE WAIVER

I understand and agree that I am responsible for any medical expenses (including but not limited to doctor visits, hospitalization, prescriptions, and emergency care) incurred while I am volunteering in Israel and while in transit between my home country and Israel. Furthermore, I understand that I may be required by my insurance company's policies to pay the cost of the treatment and settle up expenses incurred with my insurance company upon my return home.

Signature:	Date:
Print Name:	

A copy of insurance information and a copy of this waiver must be included in the application package submitted to SVFI-Inc and a copy should be retained by the volunteer.



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## VOLUNTEER MEDICAL INFORMATION FORM

KEEP THIS INFORMATION WITH YOU AT ALL TIMES WHILE IN ISRAEL

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_ Policy NO. \_\_\_\_\_

### MEDICAL HISTORY

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Allergies \_\_\_\_\_

Food allergies or medical diet restrictions (i.e. diabetes) \_\_\_\_\_

Current Medications (name, dose, frequency) Please bring an adequate supply of your medications for the time you will be in Israel.)-

\_\_\_\_\_  
\_\_\_\_\_

Surgery & Recent Medical History. Include all major surgery history as well as medical procedures, hospitalizations, surgeries from past 12 months:

\_\_\_\_\_  
\_\_\_\_\_

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 |
| <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"/> Diverticulosis          |
|  |                                    |   | <input type="checkbox"/> Glaucoma                |



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## VOLUNTEER MEDICAL INFORMATION FORM (p2)

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

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### 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 Skilled Volunteers for Israel, Inc to receive health information about you from your physician, and to disclose that information within the SVFI-Inc network in consideration of your participation as a volunteer. SVFI-Inc 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 volunteer in Israel
- To provide emergency health care services to you while volunteering in Israel
- 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 \_\_\_\_\_



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## Medical Release Form Skilled Volunteers for Israel, Inc

Dear Doctor:

Please complete the following medical release form on behalf of the applicant listed below. The applicant will be volunteering in Israel for a period of no less than \_\_\_\_ months. The volunteer assignment may include physical activities which include working outside in a hot climate, bending, climbing stairs, and other strenuous activities. Your assessment of this applicant's physical condition and psychological status is a significant factor in determining the applicant's acceptance as a volunteer. Please do not approve an applicant who you believe has medical or psychological problems that may cause harm to themselves or others.

Applicant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long has applicant been a patient of your practice? \_\_\_\_\_

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### **Physical Overview** (please complete together with the Medical Information Form)

Is the applicant physically fit for international travel?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant's cardiac and respiratory condition acceptable for heat exposure and physical exertion? \_\_\_\_\_

Can the applicant climb stairs and walk one mile without difficulty or assistance? \_\_\_\_\_

### **Psychological Overview**

Is the applicant flexible, agreeable, capable of working and associating with new people? \_\_\_\_\_

Any history of mental illness, significant depression or bi-polar disorder? \_\_\_\_\_

Any use of anti-psychotic medications or illegal drugs? \_\_\_\_\_

Currently under the care of a Psychiatrist? Provide name and phone number. \_\_\_\_\_

**I have examined the above named applicant and \_\_\_\_\_ DO \_\_\_\_\_ DO NOT consider him/her physically or psychologically fit to participate in a volunteer program in Israel.**



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## Medical Release Form (p2) Skilled Volunteers for Israel, Inc

Please elaborate or share any concerns below:

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT: Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



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## AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I understand that if needed for placement with an organization in Israel that Skilled Volunteers for Israel, Inc may authorize a background check consisting of a criminal history check and a sex offender registry check to be used solely for purposes related to volunteering in Israel. For volunteers working with children under the age of 18, a background check is required. For all other volunteer assignments, the background check will be done only if required by the Israeli organization with whom the volunteer is placed.

I further understand that a volunteer placement through Skilled Volunteers for Israel, Inc may be contingent on the receipt and evaluation of the background check report.

I agree to provide Skilled Volunteers for Israel, Inc with my social security number and date of birth to permit a background check to occur. Failure to provide consent or the required information will result in the withdrawal of a volunteer opportunity. I understand that my consent will apply throughout the term of my volunteer assignment to the extent permitted by law. I further understand that Skilled Volunteers for Israel will not share my social security number with any other person or agency except for the express purpose of completing the background check.

I have carefully read and understand this Authorization for Background Check and, by my signature below, consent to the release of criminal history and sex offender registry reports to Skilled Volunteers for Israel, Inc within the terms of this Authorization. This Authorization in original, faxed, photocopied, or electronic form will be valid for any such reports that Skilled Volunteers for Israel, Inc may request.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



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## Resources

The following pages include resources to help you with securing medical insurance, finding housing and renting a cell phone. If you need other assistance, please call 1 608 469-0458 or email [info@skillvolunteerisrael.org](mailto:info@skillvolunteerisrael.org)



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## Travel Insurance Resources

The following companies provide medical and travel insurance for Israel. This list is not comprehensive and is provided for informational purposes only. Skilled Volunteers for Israel does not endorse any of these providers.

- Chacoty Sasson Insurance Company  
<http://www.chacoty.co.il/e/INSURANCES/INSURANCEFORTOURISTS/tabid/93/language/en-US/Default.aspx>
- Har-El Insurance [http://www.yedidim-health.co.il/index.php?loc=tourCare\\_tourists](http://www.yedidim-health.co.il/index.php?loc=tourCare_tourists)
- Mediguard [www.mediguardtravel.com](http://www.mediguardtravel.com)
- TravelGuard [www.travelguard.com](http://www.travelguard.com)
- Travel Safe [www.travelsafe.com](http://www.travelsafe.com)
- <http://travel.aim.co.il/>



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## Cell Phone Rental

This list is not comprehensive and is provided for informational purposes only. Skilled Volunteers for Israel does not endorse any of these providers. Volunteers are responsible for securing their own cell phones while in Israel. It is highly recommended to have a cell phone in Israel.

Company Name	Website	Phone
TalknSave	<a href="http://www.talknsave.net/short-term/daily.asp">http://www.talknsave.net/short-term/daily.asp</a>	<b>1-866-TALKNSAVE (825-5672)</b>
Amigo	<a href="http://www.amigo-us.com/">http://www.amigo-us.com/</a>	1-888-264-4687
Mycellrentals.com	<a href="http://www.israelcellrentals.com/imobile/?page=israel-cell-rentals.htm">http://www.israelcellrentals.com/imobile/?page=israel-cell-rentals.htm</a>	1-866-595-6600
Israelphone	<a href="http://www.israelphones.com/">http://www.israelphones.com/</a>	1-866-897-9393
TravelCell	<a href="http://www.travelcell.com/rates/middle-east/israel.asp">http://www.travelcell.com/rates/middle-east/israel.asp</a>	1-877-235-5746
CellTalk	<a href="http://www.celltalk.co.il/">http://www.celltalk.co.il/</a>	1-866-801-9623