Israel Antiquities Authority

רשות העתיקות

Fax: 972 2 6260460

VOLUNTEER QUESTIONNAIRE AND DECLARATION
(please print clearly)

EXCAVATION _____ DIRECTOR _____

1. Family name _____ First name _____ Sex __

2. Date of birth / / Father's name _____

month day year

3. Nationality _____ Passport no. _____Israel ID# _____

4. Permanent address and phone no. _____

_____

5. Address and phone no. in Israel _____

_____

6. Date and place of entry into Israel _____

7. Estimated duration of stay in Israel

_____

In Israel _____

8. Type of visa you possess (tourist, immigrant, resident, B4 volunteer _____

9. Occupation and/or skills which may be useful on an archaeological excavation (not necessary for acceptance), e.g. previous studies in archaeology, graphic arts, photography, architecture, surveying, pottery restoration, etc.: _____

_____

10. You must be covered by a medical and accident insurance policy. Please provide the name of the company that issued the policy and the policy number _____

_____

I hereby declare that I am covered by a medical and accident insurance policy for the duration of my activities as a volunteer at the Israel Antiquities Authority.

11. I am aware that the volunteer relationship between the Israel Antiquities Authority (IAA) and myself is not an employer-employee relationship, and that I am not entitled to any payment whatsoever, including National Insurance (*Bituah Leumi)* for my voluntary activities at the IAA.

12. I agree to carry out instructions from my supervisors at the IAA, and heed all IAA work regulations.

13. I agree not to divulge or transfer either directly or indirectly, any find and/or information, material, document to any individual or organization (including public and/or government offices and/or any communications media received by me either directly or indirectly in the framework of my voluntary activity at the IAA, or at anytime following the completion of my volunteer activity at the IAA.

14. I hereby release the IAA from any legal action that may be brought against the IAA initiated by any family member, third party, or myself.

_____ _____

Date Signature