

Fax: +972-2-6289066

**VOLUNTEER QUESTIONNAIRE AND DECLARATION**  
 (please print clearly)

EXCAVATION \_\_\_\_\_ DIRECTOR \_\_\_\_\_

1. Family name \_\_\_\_\_ First name \_\_\_\_\_ Sex \_\_\_\_\_
2. Date of birth (month, day, year) \_\_\_\_\_ Father's name \_\_\_\_\_
3. Nationality \_\_\_\_\_ Passport no. \_\_\_\_\_ Israel ID# \_\_\_\_\_
4. Permanent address and phone no. \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

5. Address and phone no. in Israel \_\_\_\_\_

Date and place of entry into Israel \_\_\_\_\_

6. Estimated duration of stay in Israel \_\_\_\_\_
7. Type of visa you possess (tourist, immigrant, resident, B4 volunteer) \_\_\_\_\_
8. Occupation and/ or skills which may be useful on an archaeological excavation e. g. previous studies in archaeology, graphic arts, photography, Architecture, surveying, pottery restoration, etc. (not Necessary for acceptance): \_\_\_\_\_

You must be covered by a medical and accident insurance policy.

9. 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.  
 Please provide the Name of the company that issued the policy and the policy number \_\_\_\_\_

10. 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.
11. I agree to carry out instructions from my supervisors at the IAA, and heed all IAA work Regulations.
12. I agree not to divulge or transfer either directly or indirectly, any find and/ or information, material, document, photograph, 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.
13. 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.

- **Please attach a photocopy of your insurance policy**
- Please note that the volunteer is responsible for his own accommodation arrangements, food and daily transportation to the site.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature