

Application Form for Volunteer Placement in Social Services in Israel

Personal Information

First Name..... Family Name.....

Date of Birth (dd/mm/yyyy).....

Male..... Female.....

Address.....

City..... Country.....

Zip Code.....

Home Phone (incl. country code) +.....

E-mail Address.....

Citizenship.....

Passport number.....

Do you have any medical condition that may affect your carrying out volunteer work?

If yes, please describe

Have you been convicted of any criminal offence in the past? Yes..... No.....

Emergency Contact Information

First name..... Family Name.....

Home Phone (incl. country code) +.....

Relationship to yourself.....

Education

I have graduated from: High School.... College/University....

My major field of study was.....

Volunteer Assignment

Dates you are available for a volunteer assignment (min. three months)

From dd/mm/yyyy To dd/mm/yyyy.....

Requested field of volunteer assignment

First Choice:

Elderly

Children-at risk

Autistic Children

Developmentally disabled

Physically disabled

Disadvantaged Children

Disturbed Youth

Health Services

Second Choice:
Children-at risk
Autistic Children
Developmentally disabled
Physically disabled
Disadvantaged Children
Disturbed Youth
Health Services

Languages you speak.....
Acquired skills or hobbies that would be useful in your volunteer work:

Do you have first aid or paramedical experience that would be useful in your
volunteer work? Yes.... No.....

Previous Employment or Volunteer Experience

Have you had any previous employment or volunteer experience? Yes.... No....
If yes, please give details of where, in which field and dates of employment and/or
volunteer service:

Name and contact information of employer or volunteer coordinator:

References

Please provide the names and contact information of two people (not relatives) who
can attest to your character and abilities:

1. First name..... Family Name.....
Address.....
City..... Country.....
Zip Code

Home Phone (incl. country code) +.....
E-mail Address.....
Relationship to yourself.....

2. First name..... Family Name.....
Address.....
City..... Country.....
Zip Code

Home Phone (incl. country code) +.....
E-mail Address.....
Relationship to yourself.....

Additional Information

Please include any additional information you think might be relevant to your being accepted for a volunteer assignment:

Date of Completion of this Application (dd/mm/yyyy):