



Archaeological Excavations at Tel Dan
Sponsored by Hebrew Union College-Jewish Institute of Religion

Volunteer Application for the 2008 Season

www.teldan.wordpress.com

PERSONAL INFORMATION

Full Name: _____

Current Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Permanent Address (if different from above) or Parents' Address (if applicant is a student):

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Intended Length of Stay (weeks): _____ Start Date: _____

Do you wish to receive academic credit from Hebrew Union College (4 week stay required)? _____

PERSONAL HISTORY

Date of Birth: _____ Sex: _____

Profession (if student, areas of study): _____

Employer: _____

Dietary Restrictions:

Marital Status: _____ Citizenship: _____

Passport Number: _____ Country of Issue: _____

Date of Issue: _____ Date of Expiration: _____

Previous Foreign Travel: _____

What languages do you speak? _____

Special Skills (drafting, surveying, GIS software, first aid): _____

Emergency Contact Information: _____

EDUCATION

Institution: _____ Dates attended: _____

Degree(s) and Field(s) of Study: _____

Institution: _____ Dates attended: _____

Degree(s) and Field(s) of Study: _____

Relevant Academic Coursework: _____

In a few sentences, please explain why you are interested in the expedition and why you believe you would be a good volunteer.

Do you have any prior archaeological experience? If so, please explain. None is required for participation in the 2008 season, but we always like to know the background of the volunteer staff. If you have no previous archaeological experience, do you have any other special knowledge, skills or abilities pertinent to the expedition's needs and objectives?

Please complete this portion of the application (pp. 1-3). Send by email attachment to: dilan@huc.edu; nfox@huc.edu or snail mail to:

Dr. David Ilan, Hebrew Union College (NGSBA), 13 King David Street,
Jerusalem 94101 ISRAEL

Include a check for \$75. registration fee (refundable if applicant is not accepted).

The completed Medical Form (pp. 4-6) can be submitted at a later date upon the provisional acceptance of the applicant.

MEDICAL HISTORY

All participants in the excavation at Tel Dan are required to show proof of valid medical insurance applicable in Israel. Since archaeological work is particularly strenuous, it is necessary for the project directors to be certain about the physical and mental suitability of the expedition's volunteers. Please fill out this form as accurately as possible, authorize the release of medical information by your physician, and have the physician sign and date the form. The directors reserve the right to dismiss any participant (without reimbursement) who supplies false medical information.

Insurer: _____ Primary Policy Holder: _____

Policy Number: _____ Expiration: _____

Personal Physician: _____

Address: _____

Phone: _____ Email: _____

Height (in feet): _____ Weights (lbs): _____ Blood Type: _____

Allergies:

Current Medication(s): _____

Please list any hospitalizations, surgeries, or injuries (including dates): _____

Do you wear glasses? _____ Contact lenses? _____ Are you color blind? _____

We require a current tetanus inoculation. Date of last tetanus booster: _____

The directors recommend volunteers to discuss the suitability of a Hepatitis A vaccination with their personal physicians.

Have you received a vaccination? _____ Date: _____

Do you suffer or have you suffered from any of the following conditions?

	Yes	No
Visual impairment, eye infections, glaucoma	___	___
Hearing impairment, ear infections	___	___
Diabetes	___	___
Polio	___	___
Cancer	___	___
Shortness of breath, asthma, or wheezing	___	___
Skin diseases, irritations, infections	___	___
Chronic cough	___	___
Heart palpitations or arrhythmia	___	___
Heart murmur	___	___
High blood pressure	___	___
Dysentery	___	___
Recurrent diarrhea or colitis	___	___
Jaundice or hepatitis	___	___
Ulcers	___	___
Kidney or bladder infections, kidney stones	___	___
Back injury/strain, recurring back pain	___	___
Difficulty walking/climbing, bursitis, arthritis	___	___
Head injury or other neurological disorder	___	___
Hernia	___	___
Fainting spells, dizziness	___	___
Epilepsy, seizures	___	___
Migraines	___	___
Mental illness	___	___
Typhoid fever	___	___
Tuberculosis	___	___
Pneumonia or pleurisy	___	___

Do you suffer or have you suffered from any of the following conditions?

	Yes	No
Gastritis	___	___
Anemia	___	___
Goiter or thyroid problems	___	___
Pulmonary embolisms	___	___

If you answered “yes” to any of the previous questions, please explain the nature or your condition(s) in further detail and extent to which it will affect your ability to participate in the physical and/or communal components of the expedition.

Applicant’s Release of Medical Information

Applicant’s Signature _____ Date _____

PHYSICIAN REPORT

Please describe the applicant’s overall physical and mental health, noting any details that might impair his/her ability to perform strenuous physical labor in hot weather and work amicably in a close-knit community of volunteers.

(Name of applicant) _____

Name of Physician _____

Signature of Physician _____ Date _____