

Application Form for Volunteer Placement in VOIS Israel

1. Personal Information

First Name..... Last Name.....
Family status.....
Date of Birth (dd/mm/yyyy)..... Male | Female
Address.....
City..... Country..... Zip
Code.....
Mobile Nm (incl. country code) +.....
E-mail (CLEAR CAPITAL LETTERS ONLY)
Passport number..... Nationality

Do you have any medical condition that may affect your carrying out volunteer service? Yes | No

If yes, please describe:

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

If yes, please describe:

First name..... Family
Name.....
Mobile Nm.(incl. country code) +..... Relationship:.....

4. Education

I have graduated from: High School | College/University | Other.....
Major specification

5. Volunteer Assignment

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

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

Signature _____

Date _____



Requested field of volunteer assignment

First Choice (1 item):

Elderly people
Developmentally disabled
Physically disabled
Disadvantaged Children
Health Services
Autistic young / adults

Second Choice (1 Item):

Elderly people
Developmentally disabled
Physically disabled
Disadvantaged Children
Health Services
Autistic young / adults

Languages you speak.....

Acquired skills or hobbies that would be useful in your volunteer service:

Do you have first aid or paramedical qualification? Yes | No

If yes, please describe:

Have you had any previous employment or volunteer experience? Yes | No

If yes, please describe:

Name and contact information of employer or volunteer coordinator:

First Name..... Last Name.....

Mobile Nm (incl. country code) +.....

E-mail (CLEAR CAPITAL LETTERS ONLY)

6. References

Please provide the names and contact information of two people (not relatives) who can recommend you for a volunteer service:

Signature _____

Date _____



1. First Name..... **Last Name**.....

Address.....

Mobile nm (incl. country code) +.....

E-mail (CLEAR CAPITAL LETTERS ONLY)

Relations

2. First name..... **Family Name**.....

Address.....

Mobile nm (incl. country code) +.....

E-mail (CLEAR CAPITAL LETTERS ONLY)

Relations

7. Please add to the application all documents required as a color scan (300 dpi) and mail to ilanat@molsa.gov.il

1. Form 2: Application for entry visa to Israel category of B4
2. Form 3: Volunteer's health declaration.
3. Clear criminal record approval from your local residence police station, **includes Apostil in English**. Both documents must be translated by formal authority's translator to English.
4. Color passport scan are valid for at least for 12 month (the pages with picture, main information and at least 1 year validation).
5. Health Approval from your physician.
6. Health insurance.

Signature _____

Date_____

