



Volunteer Application - 2016

Applications are accepted on a first come, first serve basis. Reservations can only be held with a deposit.

NAME _____

CURRENT ADDRESS _____

TELEPHONE Home () _____ Work () _____

E-MAIL ADDRESS _____

DATE OF BIRTH Month _____ Day _____ Year _____

PASSPORT # _____ COUNTRY OF ISSUANCE _____

HEALTH INSURANCE

You must have health insurance that is valid for travel to Israel. Please check with your insurance company to confirm that your policy will cover your stay in Israel.

Carrier _____ Policy # _____

Supplemental travel insurance is available from private carriers.

EMERGENCY CONTACT PERSON

(name) (address)

(telephone number)

(relationship)

MEDICAL HISTORY

An excavation is a physically demanding and intense experience conducted in extreme conditions, which requires physical conditioning. Documentation of your true and accurate medical history is a necessary part of the application to ensure your safety and well-being.

Past psychological treatment — yes or no (circle one)

Heart condition — yes or no (circle one)

Please list all medications and/or allergies

Emergency first aid facilities are available at our excavation site. Should your condition require professional medical attention, the Expedition will arrange for participants to receive care at a major hospital facility.

PREVIOUS FOREIGN TRAVEL

PREVIOUS EXPERIENCE

PERSONAL STATEMENT OF PARTICIPATION (Check the boxes)

- I understand that I must provide my own comprehensive health coverage for the duration of my stay at the excavation and while in Israel generally.
- I also understand that if I choose to travel on my own, I will be completely responsible for myself.
- The State of Israel, the Antiquities Authority of Israel, Kibbutz Ginosar, Beit Yigal Allon Museum, and The University of Nebraska at Omaha cannot assume responsibility for injuries which occur as a result of the participation of a volunteer in the Excavations.
- The agreement for a volunteer to participate shall be construed and enforced in accordance with the laws of Israel and of the United States of America

ARRIVAL DATE to Ginosar: Month _____ Day _____ Year _____

Airline _____ Flight Number _____ Arrival Time _____

DEPARTURE DATE from Ginosar: Month _____ Day _____ Year _____

SELECT A TIER: DOUBLE _____ SINGLE _____ TRIPLE _____

ENROLL FOR AIRPORT PICK UP (bus departs at 6:15 PM):

May 22 _____ June 12 _____ June 26 _____

Payment Terms:

1. A deposit of \$200 no later than February 17, 2016, for Session 1.
2. A deposit of \$200 no later than February 24, 2016 for Session 2.
3. A deposit of \$200 no later than March 2, 2016 for Session 3.
4. Applications after the deadlines w/full payment only.

Full Payment:

1. A full payment no later than March 31, 2016 for Session 1.
2. A full payment no later than April 11, 2016 for Session 2.
2. A full payment no later than April 18, 2016 for Session 3.

Cancellation Policy:

1. Full reimbursement until March 31, 2016.
2. Cancellation fee of \$100 April 01-30, 2016.
3. No refunds after May 1, 2016.

(Signature of Applicant)

(Date)

(If under 21 years of age, signature of parent or guardian)

(Date)

Please mail to:
Bethsaida Biblical Archaeology Project
University of Nebraska at Omaha
Arts & Sciences Hall RM 238
6001 Dodge Street, Omaha, NE 68182-0541
kristyleahy@unomaha.edu
PHONE: 402-554-3108

Please attach the following: Application, Credit Card or Check, and Photograph

Credit Card Payment Form

Card Type: Visa MasterCard Discover

I authorize the following to be charged to my credit card (SELECT ONLY ONE)

\$200 Deposit (see dates on page 2 for balance due deadlines)

OR

TOTAL AMOUNT FROM PAGE 2 \$ _____

Credit Card Number:

Expiration Date: _____ Security Code: _____

Cardholder Name (please print):

Cardholder Signature: _____ Date: _____

Or mail to:

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University of Nebraska at Omaha—ASH 238

6001 Dodge St.

Omaha, NE 68182-0541

Email: kristyleahy@unomaha.edu

402-554-3108

www.unomaha.edu/bethsaida