

APPLICATION FORM

Sar-El Canada

DOC 2

Family name	Other names	Date of birth: day, month, year	Hebrew name
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status	Occupation	Religious affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____
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Street Address	Municipality	Prov	Postal code
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Home Phone ()-	Cell Phone ()-	Work Phone ()-	email
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PASSPORT INFORMATION

Canadian Passport number	Expiry date	Other Passport number	Country
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PROGRAM INFORMATION

Repeater <input type="checkbox"/> yes <input type="checkbox"/> no	Program start date	program length <input type="checkbox"/> 3 week <input type="checkbox"/> 2 week <input type="checkbox"/> other _____	FLIGHT for office use	Airline, flight number	Arrival date	Time
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IN CASE OF EMERGENCY

Contact in Canada

Name	Address	phone(s) ()- ()-	Relationship
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Contact in Israel (if any)

Name	Address	phone(s)	Relationship
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I am submitting the following:

- the AGREEMENT ON THE TERMS FOR PARTICIPATION IN THE SAR-EL PROGRAM (Doc 4) that I have read and signed.
- my MEDICAL CERTIFICATE (Doc 3). I am in good health and have disclosed any illness or other condition that could impede my performance on the program,
- a **clear copy** of the picture page of my valid passport
- proof of valid Medical/Hospital insurance coverage for Israel,
- my \$100 registration fee. If payment by cheque, payable to Sar-El Canada (Repeaters within 365 days and full-time students pay \$50)

In participating as a Civilian volunteer in this Sar-El group, I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces.

SIGNATURE _____ DATE _____

**SAR-EL CANADA RESERVES THE RIGHT, AT ITS SOLE DISCRETION,
TO ACCEPT OR NOT TO ACCEPT ANY APPLICANT**

www.sarelcanada.org