

# Danish Ministry to Israel

Ordet & Israel, Vejlbj Centervej 46, 8240 Risskov, Denmark - email: [kontor@ordetogisrael.dk](mailto:kontor@ordetogisrael.dk)

## Application form for Volunteer Placement in Social Service in Israel

### Personal information

First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone (incl. country code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Passport number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

If yes describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted for criminality in the past?: Yes:  No:

### Emergency contact information

First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Home phone (incl. country code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relation to yourself: \_\_\_\_\_

### Education

I have graduated from: \_\_\_\_\_ High school:  College/University:

My major field of study was: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

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:

### Volunteer assignment

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

(from dd/mm/yy to dd/mm/yy): \_\_\_\_\_

Requested field of volunteer assignment (First choice):

Elderly:  Children:  Youth:  Disabled:  Working poor:

Requested field of volunteer assignment (Second choice):

Elderly:  Children:  Youth:  Disabled:  Working poor:

If you requested for a specific place, which?: \_\_\_\_\_

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### **Previous employment or volunteer experience**

Have you had any previous employment or volunteer experience:    Yes: \_\_ No: \_\_

If yes give details of where, in which field and dates of employment and/or volunteer service:

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Name and contact information of employer or volunteer coordinator:

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### **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: \_\_\_\_\_

Home phone (incl. country code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relation to yourself: \_\_\_\_\_

2. First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone (incl. country code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relation to yourself: \_\_\_\_\_

### **Additional information**

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

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Date of completion of this Application (dd/mm/yy): \_\_\_\_\_

I hereby declare that all the information given above is true and accurate to the best of my knowledge and I agree to volunteer for the service outlined on the basis of the information given.

Signature of volunteer: \_\_\_\_\_

**Medical statement enclosed**