

Hebrew Union College The Nelson Glueck School of Biblical Archaeology Excavations at Tel Dan



Personal Information

NAME _____

CURRENT ADDRESS _____

TELEPHONE Home _____ Work _____

EMAIL ADDRESS _____

MALE _____ FEMALE _____ PASSPORT NUMBER _____ EXPIRATION _____ (mo/yr)

PASSPORT COUNTRY _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

Current Occupation

STUDENT _____ OTHER (PLEASE SPECIFY) _____

Education

INSTITUTION	DATES ATTENDED	FIELD OF STUDY	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

PRACTICAL EXPERIENCE (Briefly describe your skills that may be helpful in the excavation, i.e. computers, drawing, photography, surveying, first aid, foreign languages)

I heard about this dig from:

REFERENCE (Please give the name, occupation, relationship, and phone number of one person we may contact. No additional letter is necessary at this time.)

Name	Occupation	Relationship	Phone
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Signature

Date

PLEASE SEND THIS COMPLETED APPLICATION, MEDICAL FORM, A RECENT PHOTO, AND REGISTRATION FEE OF \$75 (PAYABLE TO THE HEBREW UNION COLLEGE) TO:

Mrs. Hanni Hirsch, Nelson Glueck School of Biblical Archaeology, Hebrew Union College, 13 King David Street
Jerusalem 94101 Israel

Hebrew Union College The Nelson Glueck School of Biblical Archaeology Excavations at Tel Dan

Medical Form for the 2006 Season



NAME _____
LAST FIRST MIDDLE

Medical Insurance

INSURER _____

POLICY NUMBER _____ NAME OF POLICY HOLDER _____

NOTE: Check that your medical insurance is valid in Israel.

Allergies/Allergic Reactions (i.e. bee stings, iodine, penicillin, etc.)

NONE _____ YES (please provide details) _____

Immunizations

Tetanus booster _____ (mo/yr)

Emergency Contact Person

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ EMAIL _____

STATEMENT OF PHYSICAL WELL BEING

I understand that I am providing my own health coverage. The HUC cannot assume responsibility for injuries that might occur as a result of my participation as a volunteer on the dig. Medical services, in the event of an emergency, are available nearby. I also understand that this excavation will require some amount of physical effort, and I have no reservations concerning my participation.

signature

date

Please bring along all medications or pharmaceutical products (i.e. contact lens solution) you may need during your stay on the dig. Identical products may not be available in Israel. We highly suggest you bring insect repellent.