

Ansökningsblankett för kibbutzresa

(var god texta) *Skicka till: Svenska Kibbutzvänner AB, Box 55624, 102 14 Stockholm eller scanna och mejla till info@svektiv.se*

Tel: 08-660 93 93, Fax 08-660 88 00, www.svektiv.se, Plusgiro: 11 19 19-7

Fullständigt namn, tilltalsnamn understruket _____

Gatuadress _____

Postadress _____

Telefon hem _____ mobiltelefon _____

E-mail adress _____

Eventuell tillfällig adress: _____

Från _____ till _____ telefon (tillfällig adress): _____

Personnummer _____ nationalitet _____ xxxxxxxxxxxxxxxxxxxxxxxx

Passnummer _____ giltigt t.o.m. _____ x x

Närmaste anhörig _____ x foto x

Gatuadress _____ x x

Postadress _____ xxxxxxxxxxxxxxxxxxxxxxxx

Telefon hem _____ arbete _____

Ev. ytterligare anhörig _____

Telefon hem _____ arbete _____

Resealternativ

Tur och retur
flygresa Avresa från _____ datum _____
Hemresedatum _____

Önskar vegetarisk mat på flygresan

Avbeställningsskydd

Ja Önskar avbeställningsskydd (pris 185:-, villkor se vår hemsida).

Nej Önskar inte avbeställningsskydd.

Svektiv tecknar försäkring åt er genom Gouda Reseförsäkringar för att ni ska få det bästa priset på marknaden. Försäkringen är obligatorisk och måste följa samma datum som resan är bokad. Observera att du själv är ansvarig för förlängning av försäkring om du stannar längre än beräknat! Försäkringen förlängs i Stockholm.

Personuppgifter

Vi är tacksamma om du fyller i nedanstående uppgifter så noga som möjligt, då det ligger till grund för urval och kibbutzplacering.

1. Ange några skäl till varför du vill åka på kibbutz:

2. Skola och utbildning

3. Nuvarande anställning

4. Specialkunskaper (T.ex. körkort, traktorkort, vana vid jordbruk, lärarefarenhet o.s.v.)

5. Språkkunskaper

6. Fritidsintressen

7. Eventuella önskemål (område, stor/liten kibbutz, etc.)

8. Reskamrat

9. Hur fick du reda på SveKiv och kibbutzresor?

Jag försäkrar härmed på heder och samvete

1. att jag är införstådd med innehållet i SVEKIV:s broschyrer
2. att jag är fysiskt och psykiskt frisk och fullt arbetsför
3. att jag ej missbrukar vare sig alkohol eller narkotika
4. att jag är införstådd med försäkringsvillkoren och är försäkrad under hela den tid jag är på kibbutzen

Datum _____

Underskrift _____

Uppgifter för kibbutzen

Texta på engelska! (Blanketten sändes av SVEKIV till Israel)

Name _____

Address _____

School and education _____

Employment _____ xxxxxxxxxxxxxxxxxxxxxxxxx

Knowledge of languages _____ x x

Civic code (personnummer) _____ x foto x

Nationality _____ Passport no _____

Male Female x x

Travel companion _____ xxxxxxxxxxxxxxxxxxxxxxxxx

Date of arrival to the kibbutz _____ Date of departure _____

Special requests _____

My reasons for going to a kibbutz are _____

Closest relative _____

Name of father (Viktigt för visumansökan) _____

Telephone no: day time _____ mobile _____

Email adress _____

Is this your first visit to Israel? Yes No

Volunteers' Declaration

Full name

Passport #

Nationality

Date of Birth

KIBBUTZ PROGRAM CENTER ("KPC") serves as a facilitator between the participant (me) and those certain Kibbutzim which offer and operate volunteer projects. I hereby state that I accept the regulations concerning the rights and duties of volunteers in Kibbutzim

I am aware that before my arrival in Israel, the KPC office in Israel has taken care of a volunteer visa for me. The volunteer program requires me to stay in the Kibbutz for a minimum time of two months and to leave Israel when the volunteer visa expires. The volunteer visa is valid for three months. I declare that I will inform the volunteer coordinator two weeks in advance regarding the date of my planned departure from the Kibbutz.

I hereby declare that I accept the regulations concerning the rights and duties of volunteers in Kibbutzim.

I know that upon my arrival to the Kibbutz I will be required to give to the Kibbutz a security deposit for cases of loss or damage to kibbutz property, or in case I leave the Kibbutz without the above mentioned two week notice with no accepted reason.

I declare that I am in good health, mentally and physically. If there are any medical conditions or chronic illnesses that will affect my work and commitment on the Kibbutz, I am required to let you know in advance. If I will have any medical problems that will not enable me to work for a period of 10 days, the Kibbutz is entitled to cancel my participation in the volunteer program.

I am aware that International travel is inherently risky. By becoming a participant, I acknowledge and accept these risks and those associated with living and working in another country. I hereby confirm that I am fully informed as to these risks involved in the project and hereby agree to fully assume all risks to person and property in connection with my participation in the Project. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my person and property, and that it is my sole responsibility, at my own expense, to buy health and /or travel and / or any other insurance policy, for the entire time my stay at the project. I know that should also take reasonable steps to keep myself in good health by not taking part in any high-risk activities during my placement that could compromise my health.

I am aware of the option to purchase the KPC insurance, which covers most medical treatment and hospitalization in Israel (but not for any previous or existing illness). I agree to comply with the kibbutz request for an AIDS test. I acknowledge that the participating in any of the Project may be hazardous and may impose health, security and other risks of various degrees and KPC, and its officers, representatives, agents or employees shall not bear any liability or responsibility, whether direct or indirect with respect thereto or any result thereof. The participant assumes full responsibility and liability for its participation in the Project.

I am aware that the KPC insurance covers all necessary medical treatment and hospitalization but not for any previous illnesses. If anything is not disclosed and becomes apparent as an issue during the program, it will be grounds for dismissal. I understand and accept that if I will have any medical problems that will not enable me to work for a period of 10 days or more, the Kibbutz is entitled to cancel my participation in the volunteer program.

Any inappropriate behavior either before placement, at the Tel Aviv office, or at your Kibbutz, will result in immediate removal from the program with no refund.

I declare that I will refrain from excessive use of alcohol, and that I know that drunkenness is not tolerated on the Kibbutz. I accept that use or possession of any illegal drugs, including Hashish, is strictly forbidden by law, and will abide by all rules. I understand and accept that any deviation from these rules can result in being expelled from the Kibbutz.

Date

Signature