

2022 Tel Dan Field Season

Volunteer Application

Sponsored by Hebrew Union College-Jewish Institute of Religion, Jerusalem,

and in collaboration with UCLA

**June 12 – July 8, 2022**

Registration: $100 (deadline May 1, 2022, candidates who are not accepted will have this fee returned).

 Weekly Fees (triple Occupancy):

* 2 weeks (one weekend) $1240
* 3 weeks (two weekends) $1840
* 4 weeks (three weekends) $2400

 Weekly Fees (Double Occupancy):

* 2 weeks (one weekend) $1700
* 3 weeks (two weekends) $2500
* 4 weeks (three weekends) $3300

Includes room, board (except on weekends\*), & field trips.

\**Participants must provide their own meals on weekends. There is a small market on campus, as well as nearby restaurants, from which they may make purchases*.

[**www.teldanexcavations.com**](http://www.teldanexcavations.com)

**Contact Information**

Full Name:

Current Address:

Home Phone:       Work Phone:       Cell Phone:

Email Address:

Permanent Address (if different from above):

Emergency Contact Information:

Intended Length of Stay (weeks):       Start Date:

Do you wish to receive academic credit from Hebrew Union College? If so, an institutional representative will contact you regarding registration, the tuition fee ($600 for the 3-credit course), and requirements (note there is a four-week participation minimum to enroll in the credit course).

**Personal Information**

Date of Birth:       Gender:

Marital Status:       Citizenship:

Passport Number:       Country of Issue:

Date of Issue:       Date of Expiration:

Profession (if student, degree program and areas of study):

Employer or Institution:

Previous education and/or any relevant academic coursework:

Previous Foreign Travel:

Dietary Restrictions:

**Volunteer Questions**

1. In a few sentences, please explain why you are interested in the expedition and why you believe you would be a good volunteer.

2. Do you have any prior archaeological experience? If so, please explain. None is required, but we always like to know the background of the volunteer staff. If you have no previous archaeological experience, do you have any other special knowledge, skills or abilities pertinent to the expedition’s needs and objectives (drafting, surveying, GIS, CAD, or other software skills, first aid, foreign language skills)?



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Medical Information Form

**Contact Information**

Full Name:

Current Address:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

**Insurance Information**

All participants in the excavation at Tel Dan are required to show proof of valid medical insurance applicable in Israel. Since archaeological work is particularly strenuous, it is necessary for the project directors to be certain about the physical and mental suitability of the expedition’s volunteers. Please fill out this form as accurately as possible, authorize the release of medical information by your physician, and have the physician sign and date the form. The directors reserve the right to dismiss any participant (without reimbursement) who supplies false medical information.

Insurer:       Primary Policy Holder:

Policy Number:       Expiration:

**Physician Information**

Personal Physician:

Address:

Phone:       Email:

**Medical Information**

Height (in feet):       Weight (lbs):       Blood Type:

Allergies:

Current Medication(s):

Please list any hospitalizations, surgeries, or injuries (including dates):

Do you wear glasses?       Contact lenses?       Are you color blind?

Date of last tetanus booster:

A tetanus vaccination is required for volunteers by the directors.

Have you received a Hepatitis A vaccination?       Date:

Though not required, the directors recommend volunteers to discuss the suitability of a

Hepatitis A vaccination with their personal physicians.

Have you received a Series of COVID-19 vaccinations?       Date of last shot:

Participants must fully comply with current vaccine requirements mandated for entry to the State of Israel.

Do you suffer or have you suffered from any of the following conditions?

 Yes No

Visual impairment, eye infections, glaucoma [ ]  [ ]

Hearing impairment, ear infections [ ]  [ ]

Diabetes [ ]  [ ]

Polio [ ]  [ ]

Cancer [ ]  [ ]

Shortness of breath, asthma, or wheezing [ ]  [ ]

Skin diseases, irritations, infections [ ]  [ ]

Chronic cough [ ]  [ ]

Heart palpitations or arrhythmia [ ]  [ ]

Heart murmur [ ]  [ ]

High blood pressure [ ]  [ ]

Dysentery [ ]  [ ]

Recurrent diarrhea or colitis [ ]  [ ]

Jaundice or hepatitis [ ]  [ ]

Ulcers [ ]  [ ]

Kidney or bladder infections, kidney stones [ ]  [ ]

Back injury/strain, recurring back pain [ ]  [ ]

Yes No

Difficulty walking/climbing, bursitis, arthritis [ ]  [ ]

Head injury or other neurological disorder [ ]  [ ]

Hernia [ ]  [ ]

Fainting spells, dizziness [ ]  [ ]

Epilepsy, seizures [ ]  [ ]

Migraines [ ]  [ ]

Mental illness [ ]  [ ]

Typhoid fever [ ]  [ ]

Tuberculosis [ ]  [ ]

Pneumonia or pleurisy [ ]  [ ]

Gastritis [ ]  [ ]

Anemia [ ]  [ ]

Goiter or thyroid problems [ ]  [ ]

Pulmonary embolisms [ ]  [ ]

If you answered “yes” to any of the previous questions, please explain the nature or your condition(s) in further detail and extent to which it will affect your ability to participate in the physical and/or communal components of the expedition.

Applicant’s Release of Medical Information:

I, the above named applicant, affirm that this information is accurate to the best of my knowledge and I hereby release this information to the Tel Dan excavation staff for evaluation as to my fitness for participation in the 2022 field season.

Applicant’s Signature:       Date:

**Privacy Notice:** In keeping with privacy concerns, access to all medical information will be limited to excavation administrative personnel with a need to access such information for the welfare of dig participants. All medical records will be kept in a secure, limited access location.

**Physician Report**

Name of applicant:

Name of Physician:

Please describe the applicant’s overall physical and mental health, noting any details that might impair his/her ability to perform strenuous physical labor in hot weather and work amicably in a close-knit community of volunteers.

Signature of Physician:       Date:

**SUBMISSION PROCEDURES**

1. Please email the completed application above to Levana Zias at:

ngsba@huc.edu

1. Then, send a check in the mail for $100 to cover registration to:

**Shelly Goldfarb, M.Ed.**

Administrative Assistant

**Hebrew Union College-**

**Jewish Institute of Religion**

Pines School of Graduate Studies

3101 Clifton Avenue

Cincinnati, OH 45220

Telephone: (513) 487-3230

Fax: (513) 221-0321

E-mail: sgoldfarb@huc.edu

[www.huc.edu](http://www.huc.edu/)

The Check should be made out to “Hebrew Union College” as follows:



If the applicant is not accepted for the dig, the registration fee will be returned. If the applicant is accepted, the balance for the duration of participation will be charged and a second check must be mailed to HUC Cincinnati, as detailed above.