



## EVP Volunteer Membership Application

Last Name:	First Name:	Email: (please print clearly)		
Occupation:				
Area of Interest (Circle one):	Firefighting	Medical	Community Services	Professional Support

In order to be considered for membership in EVP you must meet the following minimum qualifications:

1. Are between the ages of 20 and 60. Exceptions are possible upon presentation of a special request in writing and supporting documentation as required by EVP.
2. Are physically capable of performing the duties of an EVP volunteer. This means no debilitating medical conditions that limit your physical activities or require any unusual medical equipment or accommodation in order to function.
3. Are able to successfully pass a background check. This includes no arrest or conviction for a felony or misdemeanor or no more than three traffic citations within the past 12 months.
4. Fully understand that volunteering with, and deploying to Israel in times of conflict could involve significant risk and discomfort. You must understand and accept the risks, which could include physical harm in the performance of your volunteer duties.

### **GENERAL INFORMATION:**

1. All forms and certifications must be signed and submitted.
2. Candidates must provide full and accurate information on this application and leave no sections blank. If an item does not apply, enter "N/A".
3. Once the application is complete, it will be reviewed for completeness, a background check completed and an interview scheduled.
4. You will need a valid Passport to enter Israel with a minimum of six months before the expiration date; however, 12 months before expiration is preferred. You must renew your passport once the expiration date is within six months.
5. Typically, US citizens do not need to obtain a visa prior to traveling to Israel (subject to change).
6. Submit the application form with all the required documentation to your chapter representative or mail it to: EVP Volunteer Membership, P.O. Box 4730, Jerusalem 91046, Israel.



## EVP Volunteer Membership Application

PERSONAL INFORMATION (Please Print Clearly Using Capital Letters Only)					
Last Name:		First:	Middle:	Sex:	
			M <input type="checkbox"/> F		
Occupation or Previous Occupation:			Date of Birth: (DD / MM / YYYY)	Age:	
Street Address:				Apt. No. Or P.O. Box:	
City:			State:	ZIP Code:	
Primary Phone:		Alternate Phone:		Email:	
Social Security Number (Last 4 Only):		Have you ever been convicted of a felony or misdemeanor involving moral turpitude?		Have you used or taken any type of illegal substance(s) during the past year?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PASSPORT INFORMATION (Attach a Copy of Your Passport)					
Passport Number:		Expiration Date: (DD / MM / YYYY)		Issuing Country:	Country of Birth:
VOLUNTER SERVICE INTEREST					
Circle Your Area of Interest (One Only)					
<b>Firefighter</b>	<b>Medical</b>	<b>Community Services</b>	<b>Professional Support</b>		
How did you hear about Emergency Volunteers Project? Please supply details.					
<input type="checkbox"/> Print Media: _____			<input type="checkbox"/> Web Ad/ Web Site: _____		
<input type="checkbox"/> Web Search: _____			<input type="checkbox"/> Friend: _____		
<input type="checkbox"/> Organization: _____			<input type="checkbox"/> Other: _____		
EMERGENCY CONTACT INFORMATION:					
Last Name:		First Name:	Relationship:	Primary Phone:	Secondary Phone:
Address:			City:	State:	Zip:



## EVP Volunteer Membership Application

**DECLARATION:** I, the undersigned, hereby grant permission to the Israel Emergency Aid Fund (IEAF) / Emergency Volunteers Project (EVP), or their representatives, to conduct a background investigation on me to determine my eligibility to become a volunteer with EVP. The investigation will be used solely for the purpose of determining eligibility for EVP membership.

I also understand that my acceptance as a volunteer is dependent on my complete, accurate and honest completion of this application. I confirm that I have not omitted any pertinent information, falsified any answers, have not been arrested or convicted of any felony, including offenses involving moral turpitude, have no outstanding warrants of any kind, no drug use within the last year and have not received more than three traffic citations within the past 12 months.

I further understand that should I fail to qualify for any reason all records obtained, collected, or otherwise prepared for the purpose of application for EVP membership shall remain on file with the IEAF/EVP for a minimum of three (3) years.

I have read the terms and conditions included with this application. I understand these terms and agree they shall be binding on me. I further agree that disregarding any EVP policies may be grounds for my dismissal from EVP without refund.

I am in good health and have disclosed any condition which could impede my performance of heavy physical labor or participating in the Emergency Volunteers Project (EVP).

---

Signature

---

Printed Name

Date:



## EVP Terms and Conditions

- Neither the Israel Emergency Aid Fund (IEAF), Emergency Volunteers Project (EVP) or any company or organization connected to the projects administered by the IEAF or EVP or any of its co-sponsors or representatives of the Emergency Volunteers Project (the "Project"), can be held liable or responsible to any Volunteer or any of the heirs or representatives of such Volunteer for any injury or damage caused directly or indirectly to persons or property in connection with any travel, accommodation, project activities, other services, or that result from breakdown in machinery or equipment, decisions or acts of government or other authorities, war, terrorist activities, civil disturbance, strikes, thefts, delays, cancellations or changes in itinerary, or from any other causes that are beyond the control of the IEAF or any other co-sponsor or organization, including any of the directors, officers, or employees of any such party.
- IEAF reserves the right to accept or reject any person as a member of the Project for whatever reasons it deems fit. Possession and/or use of alcohol or illegal drugs, or refusal to abide by the regulations of the volunteers assigned work place, may also result in dismissal from the Project at the sole discretion of project officials in Israel.
- All Project participants and/or volunteers are required to provide their own health and accident insurance valid in Israel for the duration of their time on the Project. Alternatively, volunteers may purchase medical and health insurance through the EVP from an Israeli insurance company that has a special arrangement with the EVP. It is important that all volunteers review their insurance coverage, especially before travelling to Israel, and in the event that it does not cover their stay in Israel, short-term coverage must be arranged. Because of statutory or contractual limitations which apply to travel problems or property damage and losses, we highly recommend the purchase of both trip and baggage insurance. Additional information regarding insurance options with an Israeli insurance company designed specifically for volunteers in the Project can be obtained by contacting the IEAF office.

I understand and accept these terms and conditions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

[www.evp.org.il](http://www.evp.org.il)



## EVP Activation of Volunteers

- Responders are required to raise their required funding for deployment. EVP will provide access to a series of tools that the responder may use, at the responder's discretion, to help raise the necessary funds. EVP will not be responsible for the success or failure to raise funds when using these tools.
- The amount needed for deployment is subject to change due to circumstances beyond EVP's control. EVP is not required to inform responders in advance of such changes, but will endeavor to provide as much advance notice as possible.
- Deployment costs include the cost of round trip transportation to/from Israel, and may or may not include the requirement to depart from a specific airport.
- Emergency volunteer activation will be facilitated directly by Israeli emergency services and municipalities participating in the project. Upon receipt of a responder activation request, we will initiate the notification procedure working through team leaders. Teams will be deployed in accordance to a predetermined placement schedule as well as the team's preference for the first, second or third wave of units to be deployed. Responders who are unable to answer the activation call should inform their team leader immediately.
- Emergency volunteer activation may occur in the event of one of the following three emergency situations:
  - Major Conflicts where Israel is subject to military attack by or from neighboring countries
  - Localized mass casualty incidents such as acts of terror
  - Natural disasters such as earthquakes, floods and other natural disasters
- Responders should be aware that there may be circumstances when it will not be possible to make the trip to Israel or when the Israeli government advises or requires foreign nationals to evacuate the country.
- Activated responder units who have confirmed their readiness and for whom financing has been arranged will need to be ready to depart within 72 hours of their wave activation call. Airline tickets will be sent by email (E-Ticket). All groups must adhere to the procedures outlined in the Emergency Activation pamphlet.
- Volunteer and project teams will operate in strict accordance with EVP protocols and procedures.

**DECLARATION:** I have read the terms and conditions included with this application. I understand these terms and agree they shall be binding on me. I further agree that any disregard of these policies will be grounds for my dismissal from the Project without refund. I understand the risks and dangers of deployment in times of emergency.

Signature:

Date:



### EVP Medical Information Form

Last Name:		First Name:		Date of Birth:			
Insurance Company:			Phone Number:		Policy Number:		
<b>MEDICAL HISTORY</b>							
Height		Weight		Blood Pressure			
Known Allergies							
Special Diet (ex: diabetic)							
Current Medications (name & dose)							
Surgeries							
Current Medical Conditions							
Hypertension	Y / N	HIV+	Y / N	Hepatitis	Y / N	GI ulcers	Y / N
Angina	Y / N	Emphysema	Y / N	Cancer	Y / N	Crohn's / Irritable Bowel / Diverticulosis	Y / N
Heart Disease	Y / N	COPD	Y / N	Diabetes	Y / N	Kidney stones	Y / N
Pacemaker	Y / N	Asthma	Y / N	Seizure Disorder	Y / N	Glaucoma	Y / N
Any other health history or information that may be helpful in the event emergency medical care is needed:							
<b>Physician Information</b>							
Physician's Name			Address (Street, City, State, Zip)			Phone Number	



## EVP Medical Information Form

EMERGENCY CONTACT:				
Last Name:	First Name:	Relationship:	Home Phone:	Cell/Work Phone:
Address:		City:	State:	Zip:

### Privacy Policy

By completing and signing this medical information form, you authorize Israel Emergency Aid Fund (IEAF) and its affiliated entities to receive personal health information about you from your physician and to disclose that information as needed within the framework of the EVP. IEAF will make every effort to protect the privacy of your health information. We may use and/or disclose health information about you only to entities and/or under circumstances which may include:

- Determination of your eligibility to participate in the Emergency Volunteers Project
- Provision of emergency health care services whilst you are participating in the Emergency Volunteers Project
- Prevention of a serious threat to your health and safety or the health and safety of the public or another person

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Dear Physician,

**Your evaluation is important to us.** EVP is a Project that may involve austere living conditions, physical and emotional stress related to volunteering in a foreign country possibly in times of war, crises or other emergency situations. This may include communal living in barracks most likely without air conditioning or central heating, often working in the hot sun or other adverse weather conditions, physical labor which can include lifting, bending, climbing stairs, and being on one's feet for long periods of time. Your assessment and evaluation of the applicant's physical condition and psychological status is a significant factor in determining acceptance into our Project. **Please be thorough in your evaluation. Please do NOT approve someone who has medical or emotional/coping problems that may cause harm to themselves or others by being involved in this project.**

Applicant's Name (Last, First):	Date of Birth:	Duration as Your Patient:

**APPLICANT ASSESSMENT:**

• Is applicant capable of performing physical labor, including lifting at least 20 pounds?	Yes / No
• Is the applicant's cardiac and respiratory status acceptable for exposure to extreme heat and physical exertion?	Yes / No
• Is the applicant capable of climbing stairs and walking at least one mile over uneven surfaces without difficulty or assistance?	Yes / No
• Could a change in diet (e.g., higher salt and sugar content) result in possible health problems?	Yes / No
• Is the applicant flexible, agreeable, and capable of working and associating with new people?	Yes / No
• Does the applicant have any history of mental illness, significant depression, or bipolar disorder?	Yes / No
• Does the applicant use, or has he used in the past, anti-psychotic medications or illegal drugs?	Yes / No
• Is the applicant currently under the care of a Psychiatrist? If the answer is <b>Yes</b> , please provide contact information)	Yes / No

**I have examined the above named applicant and** (please circle your decision)

**I Do / I Do not** consider him / her physically and psychologically qualified to participate in the Emergency Volunteers Project.

Examiner's Last Name	Examiner's First Name	Work phone no.:	Fax phone no.:
Address:	City:	State:	Zip:
As the Examiner, I certify that I am a duly licensed physician in _____.			
Physician Printed Name:		Signature:	

[www.evp.org.il](http://www.evp.org.il)





## **EVP Health Insurance Coverage Policy and Acknowledgement**

During any non-emergency deployment, emergency deployment or formal EVP training, volunteers will be covered through the State of Israel and/or a commercial insurance company according to a pre-arranged policy. Policy details and coverage will be provided to responders prior to deployment. Volunteers are also encouraged to have their own medical insurance coverage, just as if they were traveling to Israel as a tourist.

---

Signature:

---

Printed Name:

Date:



## **Waiver Release and Indemnification** **By Emergency Volunteers Project Participant**

I hereby agree to participate in the Emergency Volunteers Project and certify that:

1. I have received and read all of the materials provided to me, including the rules, procedures, and guidelines for Volunteers, and that I agree to follow all rules, protocols, procedures, and guidelines.
2. I understand that EVP membership may, at times, demand vigorous and physical effort under austere living conditions. I confirm that I am in good mental health and in good physical condition, and that I am physically capable of participating in this Project. I confirm that I have consulted my physician before agreeing to participate in the Project, and have obtained confirmation from my physician as to my state of health.
3. Should it be necessary, this document will constitute my permission to supply my medical records to the appropriate medical personnel in Israel.
4. I understand that during any non-emergency deployment, emergency deployment or formal EVP training, volunteers will be covered through the State of Israel and/or a commercial insurance company according to a pre-arranged policy. Policy details and coverage will be provided to responders prior to deployment. I also understand that I am encouraged to have my own medical insurance coverage, just as if I were traveling to Israel as a tourist.
5. I completely understand that there are inherent risks in participating in the EVP activities, and I expressly assume the risk of all losses, illness, and injury that may result from my participation. In consideration for acceptance of my application with EVP and the substantial organizational and other benefits provided to me as a Volunteer, I hereby expressly waive for myself, my heirs, and assigns, any and all claims, costs, liabilities, defenses, or judgments, including attorneys' fees and court costs (hereinafter collectively called "claims") against the Emergency Volunteers Project (EVP) or Israel Emergency Aid Fund (IEAF) or any entity affiliated with IEAF regarding any aspect of the Project, including but not limited to ICG Ltd. and/or any of their respective directors, officers and employees, arising out of my participation in the Emergency Volunteers Project, including any losses, illness, or injury suffered by me, while traveling to, from, or participating in any part of the Emergency Volunteers Project or any other activity connected to the Project or of IEAF. I confirm and agree that in any dispute or legal action, the sole recognized authority will be the Courts of the Jerusalem District in the State of Israel. I hereby further agree to indemnify and hold harmless IEAF, their employees, trustees, and officers, and any other persons or entities involved with the Emergency Volunteers Project, from and against any and all such claims. I further agree to absolve the EVP and IEAF from any and all claims that may be brought against the EVP or IEAF on account of misconduct or negligence on my part.

**[www.evp.org.il](http://www.evp.org.il)**



6. In addition, I understand and confirm that the Emergency Volunteers Project and Israel Emergency Aid Fund are concerned solely with the Emergency Volunteers Project, and have no liability or responsibility for any other program or project sponsored by any other organization.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Printed Name:

Date:



## Volunteer Guidelines and Release Form

Your participation is appreciated and vital to Israel during relief and recovery efforts. The training and/or deployment effort is organized by EVP, a charitable organization committed to the wellbeing and rebuilding of Israel.

In consideration of permitting you to participate in the relief effort of EVP (hereinafter, the "Effort"), the Volunteer must read, understand and agree to the information below by initialing each line that includes, among other things, volunteer guidelines, risks associated with the Effort and a Release from any and all liability of the Effort. In order to ensure that we have the best and safest Effort possible, the Volunteer must be aware of and agree to the following:

- \_\_\_\_ The Volunteer must sign and return this Form to an approved representative of EVP upon arrival. **THE VOLUNTEER WILL NOT BE ALLOWED TO PARTICIPATE IN THE EFFORT UNLESS THIS FORM IS RETURNED.**
- \_\_\_\_ The Volunteer agrees to abide by the instructions and recommendations of the staff of the Effort (Hereinafter, "Staff") at all times while serving as a Volunteer and furthermore agrees that in the event the Volunteer is asked by the Staff to terminate his or her association with the Effort, he or she shall do so immediately.
- \_\_\_\_ The Volunteer may be working in hot, humid, wet, or otherwise difficult conditions. As a result, we recommend the Volunteer wear protective clothing appropriate to the conditions including, among other things, hard soled shoes; hats for protection from the sun; and other appropriate work clothing.
- \_\_\_\_ The Staff requires the Volunteers to use gloves in the handling of all debris while working in the field and that great care is used when picking up sharp or potentially harmful objects.
- \_\_\_\_ Volunteers involved in the preparation and distribution of food or drink shall take all measures of hygiene and food service safety that are recommended by the Staff. Failure to do so shall be grounds for termination in the Effort.
- \_\_\_\_ Do not pick up any type of hazardous or biohazard waste and avoid all areas marked or clearly identifiable as hazardous or unsafe as may be reasonably identifiable or by instruction of the Staff.
- \_\_\_\_ The Volunteer should only be engaged in the level of physical activity to which the Volunteer is accustomed and for which he or she is appropriately fit. Do not attempt to use equipment the Volunteer is not familiar with; for example chain saws, axes, heavy machinery, etc., and the Volunteer agrees that any such use of materials or equipment is done so at the Volunteer's own risk.
- \_\_\_\_ The volunteer states that they have thoroughly read this document and understands its terms, and that to verify that they have read and understood each paragraph they have placed their initials beside each paragraph.



## **Volunteer Guidelines and Release Form**

This agreement is governed and controlled by the laws of the State of Texas and the State of Israel, including without limitation, the construction, interpretation and enforcement of the agreement.

The volunteer, and on behalf of their personal representatives, heirs, next-of-kin, assigns, parents and guardians, does hereby release and discharge EVP, its officers, directors, employees, volunteers, agents, representatives, sponsors, donors, affiliated organizations, and any entity or individual associated with EVP during the Effort (collectively "releases"), from any and all claims, demands, losses, costs, fees (including attorney's fees), expenses, suits, damages, obligations, liabilities, causes of action and judgments whatsoever, in law or in equity (collectively "damages"), which the volunteer may have arising out of, associated, or in connection with, participation in the Effort, specifically including, but not limited to, damages caused by the releaseses' negligence. Further, the volunteer understands that there are risks and dangers involved with the Effort. Therefore, the volunteer agrees to assume any and all risks associated with their participation in the Effort including, without limitation, any and all risks of personal injuries, including serious injury or death, or damage or loss of property, caused by, or associated with the volunteer's participation in the Effort.

Volunteer Name:	Date:
Volunteer Signature:	Contact Number:



## EVP Office Use Form

Last Name:	First Name:	Email: (please print clearly)	
Area of Interest	Firefighting	Medical	Community Services

Office Use Only

<input type="checkbox"/> Entered into Volunteer Database <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Personnel File Opened <input type="checkbox"/> Received All Photocopies Required <input type="checkbox"/> All Documentation Scanned <input type="checkbox"/> EVP Committee Decision <input type="checkbox"/> Notes:	By: _____ Date: _____      Time: _____  Accepted / Denied
--	--