



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 declare that I have read and accept all the terms and conditions regarding the volunteer program as stated and noted in KPC's web site <http://www.kibbutz.org.il/volunteers/>

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 that the renewal of the visa for another three months is subject to the decision of the the kibbutz and the volunteer coordinator. Their decision is based on the behavior and performance of the volunteer during his stay in the Kibbutz.

I am aware that KPC is taking care only on the volunteer visas which is only for volunteering. In order to change the status of the visa to another status (such as student visa, tourist visa or work visa etc.,) - I must leave the country and submit independently the request for the new status of visa, from the consulate in my country of origin.



I am aware that if I wish to leave Israel and return, even for several hours, for a period of up to a month - I should apply through the KPC office in Israel for a **re-entry visa**, before leaving Israel, subject to the volunteer leader's approval and at least two weeks in advance. This procedure is a must even if I am not planning to volunteer when I return to Israel (but to travel, or return to my country).

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.

I declare and acknowledge that this declaration and my undertakings in it supersedes any other representation made by KPC or any person or agent on its behalf, and that KPC is obligated and/or responsible only by explicit undertakings made directly by KPC in writing. Any disputes arising out of or in connection with my relations with KPC or the Kibbutz is submitted to the exclusive jurisdiction of the courts of Israel, under Israeli law.

Date

Signature

Kibbutz