

Family name:	Other names:	Date of birth: (yyyy-mm-dd)	Hebrew name
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Marital status:	Gender: <input type="radio"/> Female <input type="radio"/> Male	Occupation:	Religious affiliation: <input type="radio"/> Jewish <input type="radio"/> Other explain _____
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Street Address:	Municipality:	Prov.	Postal code
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Home Phone:	Mobile Phone:	Work Phone:	Email:
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PASSPORT INFORMATION

Canadian Passport number:	Expiry date:	Other Passport number:	Other Passport Country:
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PROGRAM INFORMATION

Repeater: Yes <input type="radio"/> No <input type="radio"/>	Start date:	Length: <input type="radio"/> 3 week <input type="radio"/> 2 week <input type="radio"/> other _____	Flight Info.: (If available)	Airline, flight #	Arrival date:	Time:
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IN CASE OF EMERGENCY

Contact in Canada

Name:	Address:	phone(s)	Relationship:
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Contact in Israel (if any)

Name:	Address:	phone(s)	Relationship:
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I am submitting the following:

- the AGREEMENT ON THE TERMS FOR PARTICIPATION IN THE SAR-EL PROGRAM (Doc4) that I have read and signed,
- my MEDICAL CERTIFICATE (Doc 3). I am in good health and have disclosed any illness or other condition that could impede my performance on the program signed by my Physician and myself,
- a **clear copy** of the picture page of my valid passport,
- proof of valid Medical/Hospital Travel insurance coverage for Israel (including Covid coverage),
- Proof of Covid Vaccination,
- The signed Waiver and Release for Sar-El Israel,
- the registration fee. If payment by cheque, payable to Sar-El Canada or by Interact email transfer to toronto@sarelcanada.org.

In participating as a Civilian volunteer in this Sar-El group, I have no intention of serving in, joining, or swearing allegiance to the Israel Defense Forces (IDF).

SIGNATURE _____

DATE _____

**APPLICATIONS ARE SUBJECT TO IDF SECURITY CHECK
SAR-EL CANADA RESERVES THE RIGHT, AT ITS SOLE
DISCRETION, TO ACCEPT OR NOT TO ACCEPT ANY APPLICANT**

www.sarelcanada.org