

Volunteer's SAP no. _____

Volunteer's reference no. _____

PERSONAL DETAILS of VOLUNTEER

First name: _____ Family name: _____

I.D/Passport:

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Date of birth:

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Address: street: _____ No.: _____ city: _____ postcode: _____

Telephone no.: _____ Mobile phone: _____

Marital status: _____ Nationality: _____

Declaration of Family Member Employed at The Technion (Circle relevant declaration):

1. I hereby declare that **I do not** have any relatives employed in the Technion organization.
2. I hereby declare that **I have** a relative employed in the Technion:

* Volunteers are appointed according to the procedures applied for the employment of relatives.

name: _____ relationship: _____

Faculty / unit of employment: _____

* If the volunteer has a relative who is employed by the Technion, authorization from the Deputy Director General of Human Resources should be submitted with this form.

I hereby declare that the aforementioned information is accurate and complete.

Date: _____

Volunteer's signature: _____

Date: _____

To: _____

Re: Your Voluntary Work at the Technion

We thank you for your offer to volunteer in our institution.

Please see details of your employment as follows:

Date of employment as volunteer: _____ date of completion: _____

Department: _____

Function: _____

Days and times of activity: _____

Person in charge of the department's voluntary work _____

Please see the terms and conditions of voluntary work as follows:

- There will be no compensation, financial or any other kind, nor any social benefits for your voluntary work in our institution.
- On these terms, regular employer/employee relations do not apply therefore in the event of an accident at work the volunteer is not covered by the National Insurance Institution.
- The Technion will provide a collective personal risk insurance policy, for cover in the event of death or disability of the volunteer in the event of an accident during activities in or for the Technion. Insurance cover is subject to all terms of the policy and its exceptions/irregularities.
- If you should decide to cease your voluntary work, you are requested to inform of such in advance.
- You are required to abide by Technion regulations and general safety procedures that may vary from time to time.

You are kindly requested to complete the attached personal details form

Your willingness to volunteer is greatly appreciated.

Sincerely,

Ariel Hazan
Deputy Director General of Human Resources

I hereby consent to the contents of this letter and to all its terms.

Date: _____

Volunteer's signature: _____