



Date : _____

Kibbutz Volunteer application form

Name: _____ Family Name _____

Passport Number: _____ Date of Expiry _____
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Date of birth: _____ Nationality: _____

Is this your first visit to Israel? Yes / No _____

Profession and previous experience: _____

In brief, interests & hobbies _____

Special qualifications _____

Why do you want to volunteer: _____

Gender: M/F Religion: _____ Name of Father: _____

Date of Arrival to Israel: _____ Duration of volunteering? _____

Home address: _____

Home tel. no.: _____ Email address: _____

Cell phone no. _____

Name of University: _____ Faculty: _____

Degree: _____ Year of study: _____

How did you learn about the volunteer program?

Name of Kibbutz representative and agency: MARGARITA CRUZ- QUITO/ECUADOR