

Interfaith Peace-Builders (IFPB)

_____ (delegation dates)

Palestine/Israel Delegation -- Application

Please attach & send to:
office@ifpb.org

or mail to:
Interfaith Peace-Builders
1628 16th St NW
Washington, DC 20009
Phone: 202.244.0821

CONTACT INFO

(Please type or print clearly and use additional pages if necessary)

Name: _____
Full Name (EXACTLY AS ON YOUR PASSPORT)

Name you prefer to go by: _____

Home Address: _____ Telephone (home) _____
Street or PO Box
_____ Telephone (work) _____
City, State, Zip
_____ Telephone (cell) _____
Fax

Email: _____ Email2: _____

Website Address: _____

Blog Address: _____

Twitter: _____ Skype: _____

OTHER INFORMATION

Date of Birth: _____

Citizenship _____ Passport # _____ Exp. Date _____

****NOTE: Your passport must be valid for at least six months after arrival date in Israel/Palestine****

List all Country Stamps in Passport:

Religious Affiliation(s) _____ Ethnic Group(s) _____
(optional) (optional)

Religious Tradition/Denomination (if applicable) _____ (optional)

Please complete the following section that most applies to you

STUDENTS:

School _____ Expected Grad. Date: _____ Major: _____

PROFESSIONALS, HOMEMAKERS, VOLUNTEERS:

Job Title: _____ Employer: _____

RETIREES:

Former career(s): _____

BACKGROUND

Previous involvement, if any, with IFPB

How did you learn about the IFPB Delegation?

Previous involvement on issues of peace/human rights or Middle East

Personal Experience/Training you feel is relevant to this delegation

INTERNATIONAL EXPERIENCE

Have you lived or traveled abroad? Where?

Have you visited Israel/Palestine? Where? When?

Have you ever been denied entry to Israel before? Please provide the date and specifics.

LOGISTICS

Would you like a single room on the delegation (there is an extra charge, usually around \$500 for a single)? _____

Please check below if you have a food preference for meals on the international flight and at the hotel.

____ Vegetarian meals

____ Kosher meals

____ Hallal meals

LANGUAGES

Arabic _____ Hebrew _____ Other _____

(Please indicate: (A) excellent (B) good (C) fair (D) poor)

AREAS OF INTEREST

Although we cannot promise to accommodate specific requests, we will try to cater the trip to participant interests.

Topics you would like to investigate

People/ Organizations you would like to meet with

Why do you want to go to Israel/Palestine? (Continue on additional page if necessary).

COMMITMENTS

We ask delegates to make a few basic commitments during the trip and upon return. Please indicate your general agreement to the commitments by signing your name or briefly explaining any reservations you have.

On the Trip:

1. To work as a team member and abide by the decisions of the group and the leaders.
2. To attend and be punctual at all meetings of the delegation unless extenuating circumstances prevent you.
3. To consult with the team leaders about meetings with friends or additional contacts to make sure that they do not create scheduling conflicts.
4. To act in the spirit of nonviolent engagement throughout the trip.

On Return:

1. To work to change U.S. public opinion and affect U.S. policy.
2. To help recruit members for future delegations.
3. To help to promote and support the work of Interfaith Peace-Builders upon your return.

Signature _____ Date _____

Please briefly explain how you will work to achieve the goals mentioned above:

Are you affiliated with an organization/group that would be able to set up speaking engagements for you upon your return? If so, what is the name of the organization or group?

Would you be willing for former IFPB delegates in your area to assist you in setting up speaking opportunities for when you return?

Is there anything else we should know about you?

ADDITIONAL INFORMATION ON COSTS FOR DELEGATION

Check below if:

You'd like to learn more about how you can contribute extra money with your delegation fees that make this opportunity available to others.

IFPB supplements the cost of EVERY delegate's experience by approximately \$800. These funds come from generous individual donors who make IFPB's work before, during and after each delegation possible. If you would like to do so, you can pay part or all of the real cost of the delegation by donating up to \$800 above your delegation payments.

You'd like to learn more about scholarship opportunities for yourself.

In granting scholarship money, IFPB prioritizes those who would not otherwise be able to join. We also make scholarship money available to people who diversify our delegations and broaden education and advocacy work in the US. We strive to organize delegations diverse in age, gender, sexual orientation, class, ethnic identity, religious belief, and racial background.

You'd like to learn more about scholarships associated with volunteering after the delegation at Tent of Nations.

These scholarships are specifically offered to individuals who are interested in making a 2 week or more commitment after the delegation to volunteer at one of our partner organizations on the ground, Tent of Nations.

Medical Information Form

My name is _____ Age _____

My blood type (if known) is _____ I am allergic to medication _____

My Doctor in the US: _____ Telephone: _____

Address:

(Street and number) (City, State, Zip)

Primary Health Insurance Provider

Name
ID # _____ Telephone # _____

Secondary Provider

Name
ID # _____ Telephone # _____

Have you ever been hospitalized for medical or psychological reasons? _____

(Please list dates and reasons for each hospitalization)

Are you currently under medical or psychiatric treatment? _____
(Please describe briefly)

Do you have any medical, physical, or psychological conditions that might impede your participation in a physically tiring and psychologically stressful delegation? If so, please describe _____

Allergies _____ Dietary restrictions _____ Special needs _____

In the event of a medical or other emergency please contact:

(name) (relationship to you)

(address) (City, State, Zip)

work phone: _____ home phone: _____

cell phone: _____ FAX: _____

EMAIL: _____

Signed (applicant) _____ **Date** _____

***Interfaith Peace-Builders
Israel/Palestine Delegation
Waiver of Liability and Assumption of Risk***

I, _____, have voluntarily joined the Interfaith Peace-Builders (IFPB) Delegation to Israel/Palestine. I understand that I will be traveling to a region which is in the midst of active conflict. I am aware that this delegation plans to enter areas where there is heightened tension and that may have active armed conflict where no government or Interfaith Peace-Builders can guarantee my security. I am aware that the political circumstances during the time I will be in Israel/Palestine may adversely affect transportation, access to planned itinerary visits, medical care, and housing as well as the quality of food and water. I am aware that IFPB cannot guarantee me access to the country; Israeli security can and does deny entry to international travelers.

I understand that I may be offered hospitality in areas which are currently under armed attack and may be without electricity or running water. I am aware that many Israelis and Palestinians smoke and there is little likelihood of a smoke-free living or working environment.

I understand that access to health care is usually good, but under some circumstances access to health care, including emergency medical care, may be difficult or impossible.

I am aware that political tensions remain very high and that violence is continuing. I am also aware that the situation of the communities and homes which I may visit could change drastically without warning. I am aware that there is a chance personal items could be confiscated by Israeli security.

I am aware that traveling and working in Israel/Palestine involve serious risks. I completely accept and assume personal responsibility for any and all risks of damage, denial of entry, personal injury and emotional trauma which may occur during or resulting from my participation in this Interfaith Peace-Builders Delegation, including, but not limited to, those risks described above.

I understand that the delegation, including participation in the olive harvest and/or other outdoor farming, touring, and sightseeing activities, can be physically and psychologically difficult and stressful. I have disclosed to Interfaith Peace-Builders any physical or psychological conditions that may affect my participation in the delegation. I understand that the delegation leaders and/or IFPB staff, both at orientation and on the trip, have the right to make the determination that I am not physically or psychologically able to participate in the delegation. If my participation is discontinued for these reasons, my delegation ground fees minus the deposit, airfare, and other expenses incurred by Interfaith Peace-Builders, will be refunded.

I understand that if I act in ways that are severely disruptive to the delegation or pose danger to the delegation, the leaders of the delegation and/or IFPB staff have the right to discontinue my participation in the delegation. If my participation is discontinued for these reasons, my delegation expenses will not be refunded. I understand that I alone am responsible for any medical costs while on the delegation, including but not limited to, doctor's visits, medication, and special medical travel arrangements.

I understand that I will receive a detailed payment schedule from IFPB staff after being accepted for the delegation. I further understand that the international airfare will be non-refundable for any reason after purchase and that the deposit is likewise non-refundable. I understand that in the rare case of Israel denying my entry to the country, that IFPB will use its best efforts to recover ground expense, such as unused lodging and meal costs, so that a portion of the ground fees I have paid may be returned to me. I understand that IFPB cannot guarantee the return of any fees in the case of denied entry.

I also hereby release, discharge and agree to hold harmless Interfaith Peace-Builders, their members, staff, directors, officers, employees, agents, supporting denominations and successors from any and all liability, claims, demands, rights or causes of action, brought on my own behalf or by or for any other person, or by my heirs, executors, or assigns, for personal illness, injuries or death, denial of entry, or any damage to or loss of personal property which may occur en route to, during, from or as a result of my participation in the Interfaith Peace-Builders Delegation to Israel/Palestine.

In signing this document, I expressly release, discharge, and hold harmless IFPB and the persons described above to the maximum extent permitted by law in any state, territory, district or country.

I have read the foregoing and sign it voluntarily. I am of sound mind and act of my own free will and without coercion or duress in signing this Waiver of Liability and Assumption of Risk.

I am at least eighteen (18) years of age. I have read and understood all of the above statements.

Signature of Applicant

Applicant Name Printed

Date

Attesting Witness #1 (signature)

Witness Name Printed

Date

Attesting Witness #2 (signature)

Witness Name Printed

Date

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