

## HUQOQ APPLICATION FORM

Dear Applicants,

The following pages contain the 2015 application for the Excavations at Huqoq. This year's excavations are scheduled for May 31-June 28, 2015. We will arrange for a bus to depart for Huqoq from Ben-Gurion airport in Tel Aviv at 6:00pm on May 29, so you should book a flight that arrives at Ben-Gurion no later than 4:00pm on May 29. Early on the morning of June 28, we will arrange for a bus to transport participants back to Ben-Gurion, so you should schedule your return flight from Ben-Gurion no earlier than 11:00am on June 28.

If you are an *undergraduate student*, you are required to enroll in the dig for academic credit through the UNC Study Abroad Program or one of the consortium schools (**EXCEPTIONS**: graduating seniors and undergraduates who participated in previous field seasons). Therefore, you should complete your application through and pay all fees **directly** to the UNC Study Abroad program or the relevant consortium school.

*All others participating in the excavation for no academic credit* should fill out the following forms. The application is divided into four parts, each of which should be completed fully:

1. Personal Data Form (pp. 1-2)
2. Medical Questionnaire (pp. 3-4)
3. Physician's Form (pp. 5)  
\*\*\*Please Note: Pg. 5 should be printed out and given to your physician to fill out\*\*\*
4. Informed Consent/Waiver of Responsibility Form (pp. 6)

Once you have completed the form, you should print it out. Sign and date pp. 2 and 6. Finally, submit each of the portions listed above along with a copy of the first page of your passport (the page which contains your photo and information). The completed application materials should be mailed to Dr. Magness no later than, **March 1, 2015**.

Those of you who are not attending the dig for academic credit must pay your dig fees by **March 31, 2015**, in order to guarantee your space on the excavation.

The fee for **student participants who are not receiving academic credit** this year is **\$3325**, *not including your airfare to Israel* (which you should arrange yourself). The breakdown of the fee is as follows:

Room and Board (Huqoq Balev):	\$2325 (\$75 per day x 31 days)
<u>Dig Fee (for transportation, field trips, etc):</u>	<u>\$1000</u>
Total:	\$3325

A very small number of spaces on the program may be open to **non-students**, depending on demand. The fee for non-students is **\$5325**, *not including your airfare to Israel* (which you should arrange yourself). The breakdown of the fee is as follows:

Room and Board (Huqoq Balev):	\$2325 (\$75 per day x 31 days)
Dig Fee:	\$3000
Total:	\$5325

Note that participation on the dig for the entire month is required for everyone. No one will be accepted to the dig who cannot stay for the entire month.

Your dig fee should be paid as a personal or bank check, made payable to the “UNC Religious Studies Department.” In the “for” line (usually the bottom left of the check), write that the check is for “Huqoq Dig Fee”

Please send all application materials and fee payments to:

Professor Jodi Magness  
Department of Religious Studies  
CB#3225  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-3225

If you are in the Chapel Hill area, you may also drop off the application materials in Dr. Magness’ box in the Religious Studies Department Office, Saunders 125.

We look forward to working with each of you this summer!

Thanks,  
The Huqoq Staff

*PS: Please note that some of the spaces on the form are connected to save you time: this means they will fill in automatically if you fill in other spaces. The space in the upper right corner of each page should be your Last Name.*

## HUQOQ APPLICATION FORM

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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***Citizenship/Birth Information:***

Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***Contact Information:***

Current Address:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address Effective Until: \_\_\_\_\_

Permanent Address/After School Year:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Please include an account you check regularly)

Marital Status: \_\_\_\_\_

***Occupational Information:***

Field of Study / Occupation: \_\_\_\_\_

Are you a Student?      Yes              No

Institution: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

***Excavation Information (if necessary, attach an additional sheet):***

1) Briefly describe why you wish to participate in the excavation.

2) Have you previously visited the Middle East? When?

3) Do you know any Hebrew or Arabic?

4) Briefly describe your past experiences in archaeological excavations, if any (names and dates of excavations).

5) List any courses you have taken in archaeology, and where you took them.

6) Do you have any archaeological skills or training in conservation, surveying, drafting, photography, or computer programming (such as GPS)?

***Emergency Contact Information:***

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Application Signature:***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Send all application materials to:

Professor Jodi Magness  
Department of Religious Studies  
CB #3225  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-3225  
magness@email.unc.edu

**NOTE TO APPLICANTS:**

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:

- 1) Completed medical form
- 2) Signed "Informed Consent/Waiver of Responsibility Form"
- 3) Photocopy of the first page of your passport (page with your photo / personal info)
- 4) Completed application form

**HUQOQ EXCAVATIONS MEDICAL FORM**

**THE FOLLOWING MEDICAL SECTION IS TO BE FILLED OUT BY THE APPLICANT. IT IS ESSENTIAL THAT YOU ANSWER THE QUESTIONS COMPLETELY, ACCURATELY, AND HONESTLY. PLEASE INFORM US IF YOU HAVE ANY MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE.**

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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**Personal Information:**

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Medical Insurance:**

Name of Medical/Accident Insurer: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address of Insurance Company:  
\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

In case of emergency, how will you contact your carrier from Israel?  
(NOTE: it is impossible to use an 800 number to phone the US from Israel).  
\_\_\_\_\_

**Please provide written confirmation that your insurance carrier will cover you in Israel.**

**Medical History / Questionnaire:**

Are you allergic to sunscreen? Yes      No

Have you had eye infections, glaucoma, or any eye surgical procedures, or do you use any eye medications? Yes      No  
Explain: \_\_\_\_\_

Do you wear contact lenses? Yes      No

If so, will you wear them on the excavations? Yes      No

Do you take any medications for your ears or nose? Yes      No  
Explain: \_\_\_\_\_

Cardiovascular Problems:  
Do you have a heart murmur? Yes      No

Do you have high blood pressure? Yes      No

Do you take any medications for the heart, blood pressure, or high cholesterol?

Yes

No

If so, what medications do you take?

Do you have any food intolerances or allergies?

Yes

No

Explain:

Do you take any medications for your bladder or kidneys?

Yes

No

Explain:

Have you suffered any back or head injuries?

Yes

No

Explain:

Do you suffer from migraines or headaches?

Yes

No

If so, what medication do you take?

Do you have seizures or epilepsy?

Yes

No

Do you take medications for anemia of any type?

Yes

No

If you have been hospitalized for a major physical or mental illness, surgery, or injury, please give the year, the reason, and the result:

Do you now or have you ever had any allergic reactions to drugs, injections, or insect bites?

If yes, give details:

List all medications that you are now taking and for what purpose:

Have you been restricted in any physical activities by a physician in the past year? If so, why?

## HUQOQ EXCAVATIONS MEDICAL FORM

**\*APPLICANT: GIVE THIS FORM TO YOUR PHYSICIAN\***

Name: _____ (Last Name)	_____ (First Name)	_____ (Middle Initial)
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**NOTE TO THE PHYSICIAN:**

Your examination is required to determine the individual's **present state of physical and emotional health** and his or her ability to withstand the strenuous outdoor living required for archaeological excavations. Physical labor such as bending and lifting dirt and rocks performed in Galilee's hot and humid summer climate will be required. Disorders of the musculo-skeletal system, especially of the lower back, should be carefully considered. The presence of dust and dirt necessitates careful consideration of those with respiratory disorders, especially asthma. Individuals with contact lenses should plan to wear eyeglasses while digging. The presence of health problems must be carefully evaluated, especially in older individuals.

With these considerations in mind, please perform a thorough physical examination of the individual and write your findings on this sheet. If necessary, attach an additional sheet. Please include the following information:

- list any significant impairments and diagnoses;
- do you have any reservation in recommending this individual for participation in the strenuous outdoor activities described above? If so, why?
- in case a medical emergency arises and it is necessary to seek medical treatment for this individual in Israel, is there any information we should be aware of? (medical conditions, allergies, etc.).

**Assessment:**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (printed/typed): \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PHYSICIAN: PLEASE MAIL OR FAX THE COMPLETED FORM TO:**

Professor Jodi Magness  
 Department of Religious Studies  
 CB #3225  
 University of North Carolina at Chapel Hill  
 Chapel Hill, NC 27599-3225  
 Fax: (919) 962-1567  
 magness@email.unc.edu

**THE 2015 EXCAVATIONS AT HUQOQ, ISRAEL**

Read Carefully Before Signing.

This Document Contains Important Information Which Affects Your Rights.

**RELEASE**

I, \_\_\_\_\_, am aware of the inherent risks of travel and work in international settings. I understand that the archaeological excavations at Huqoq on which I desire to participate will take place under severe climactic conditions, and will involve difficult physical labor. I also understand that the political and crime situations in Israel differ from those in my own country.

I am aware of the risks inherent in traveling to Israel and the advisories issued by the U.S. State Department. I am also aware of the risks of participating on the archaeological excavations at Huqoq. I have weighed the dangers inherent in foreign travel and work, the risks presented to my own health and well-being, and my personal desire to further my educational experiences by participating on this project. I freely conclude that the risks are acceptable to me and are outweighed by my desire to participate.

I voluntarily assume all risks associated with participation on the May-June 2015 excavations at Huqoq. I waive any right to make a claim or demand against the University of North Carolina at Chapel Hill, the university's trustees, agents, servants, and employees (including Jodi Magness) from any and all liability, claims, causes of action, or demands, of any kind or nature whatsoever, arising in any way out of my participation on the 2015 excavations at Huqoq, and my travel and work abroad while participating on this program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name (Printed): \_\_\_\_\_