HUQOQ APPLICATION FORM

Dear Applicants,

The following pages contain the 2017 application for the Excavations at Huqoq. This year's excavations are scheduled for May 29-June 29, 2017. 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. This means you should leave the US on May 28. Early on the morning of June 29, 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 29.

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 students participating in the excavation for no academic credit should fill out the following forms (non-student participants should see the non-student application and fees at http://huqoqexcavationproject.org/get-involved-2/). 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, 2017**.

Those of you who are not attending the dig for academic credit must pay your dig fees by **March 31, 2017**, 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)
Dig Fee (for transportation, field trips, etc):	$1000
Total:	$3325

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, Carolina Hall 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)

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)

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)

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 2017 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 2017 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 2017 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): _____