

BIR MADHKUR PROJECT

Volunteer Application

Instructions: Fill in the application forms completely, leaving no blanks. Then, please print the forms and send them in by the deadline of **February 1, 2009** with your deposit. Please TYPE or PRINT your responses (preferably typed) - NOTE: you can type directly into this PDF.

Personal Information:

Date: _____

Last Name: _____ First Name: _____

Present Address:

Street: _____

City: _____ State/Province: _____ Zip/Postal: _____

Telephone (Home): _____ Telephone (Work): _____

Email: _____

We can contact you at the above address until what date? _____

Permanent Address:

Street: _____

City: _____ State/Province: _____ Zip/Postal: _____

Telephone: _____

Place of Birth: _____ Date of Birth: _____

PASSPORT #: _____ Expiration Date: _____

Place of Issue: _____ Date of Issue: _____

Country of Citizenship: _____

Emergency Contact Information: (person to be notified in case of emergency):

Name: _____

Address: _____

Telephone: _____ Email: _____

Education (post-secondary):

School: _____ Major: _____

Dates Attended: _____ Degree(s) / Date Awarded: _____

School: _____ Major: _____

Dates Attended: _____ Degree(s) / Date Awarded: _____

School: _____ Major: _____

Dates Attended: _____ Degree(s) / Date Awarded: _____

Occupational Experience (include names and addresses of last three employers, plus the type of work and dates):

Employer: _____
Type of Work: _____ Dates: _____

Employer: _____
Type of Work: _____ Dates: _____

Employer: _____
Type of Work: _____ Dates: _____

Academic or Professional Honors, Publications, etc.:

Hobbies & Extra-curricular Activities:

Experience Abroad (specify countries and why visited, e.g. study, travel):

Archaeological Experience (specify any archaeological on which you have worked, positions held, and dates):

Site: _____ Position: _____ Dates: _____

Site: _____ Position: _____ Dates: _____

Site: _____ Position: _____ Dates: _____

What academic or non-academic courses have you taken in archaeology? Dates?

Have you taken courses in any of the following fields (check all that apply):

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Physical Anthropology | <input type="checkbox"/> Art History | <input type="checkbox"/> Botany |
| <input type="checkbox"/> Cultural Anthropology | <input type="checkbox"/> Classics / Classical Studies | <input type="checkbox"/> Geology |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Ancient History | <input type="checkbox"/> Zoology |

Special or Relevant Skills and Activities (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Cartography | <input type="checkbox"/> Carpentry | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Masonry | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Archaeological Conservation |
| <input type="checkbox"/> Computer Graphics | <input type="checkbox"/> Engineering | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Electronics / Electrical Repair | <input type="checkbox"/> Ethnography |

Language Skills: English French Arabic Other (specify) _____

Personal Statement:

In a concise narrative, please describe yourself and explain why you wish to participate on this project. Why are you interested in archaeology? What special skills or talents would you bring to the project? How would your participation on the project relate to your career goals, if at all? What are your expectations for the summer?

Academic Credit:

- I will be enrolling for academic credit at: (specify College or University) _____
- I will NOT be enrolling for academic credit

References:

Please give the names and addresses of two people whom you have asked to write letters of recommendation in support of your application. At least one reference should be from a former or current professor or teacher. Please have your recommenders mail their letters to: **Bir Madhkur Project, c/o Dr. Andrew M. Smith II, Department of Classical and Semitic Languages and Literatures, The George Washington University, 345 Phillips Hall, Washington, DC 20052**

- 1) Name: _____
Address: _____
Telephone: _____ Email: _____
- 2) Name: _____
Address: _____
Telephone: _____ Email: _____

Deposit: If accepted onto the project, I will submit the excavation deposit by the date indicated:

Application deadline of **February 1, 2009**: Deposit due **March 1, 2009**

Deposit amounts:

- \$350 for Full Season
- If accepted, I will pay the full dig cost by **April 15, 2009**

Also, if accepted onto the project, I will submit the following by the appropriate due dates:

- Physicians Statement (due February 15, 2009)
- Signed Project Waiver Form (due February 15, 2009)
- Completed Security Form (due February 15, 2009 -- this is an **ABSOLUTE DEADLINE**)

Mail completed application to:

**Bir Madhkur Project
c/o Dr. Andrew M. Smith II
Department of Classical and Semitic Languages and Literatures
The George Washington University
345 Phillips Hall
Washington, DC 20052**

All information provided in this application is correct to the best of my knowledge.

Signature _____ **Date** _____

BIR MADHKUR PROJECT MEDICAL FORM

INSTRUCTIONS: This form is to be completed by the applicant. It is essential that you answer the questions completely, accurately, and honestly. The purpose of the form is to assess whether you are medically fit for the strenuous work and difficult living conditions associated with the project. If you have any medical conditions of which we should be aware, please indicate such and explain.

Name (last name first): _____

Date of Birth: _____ Occupation: _____

Name of Medical/Accident Insurance Plan: _____

Type of Coverage: _____ Policy Number: _____

Address of Insurance Company: _____

I am attaching to this form written confirmation that my insurance carrier will cover me while in Jordan.

Have you had any of the following?	Yes	No		Yes	No	
Frequent eye infections, glaucoma	<input type="checkbox"/>	<input type="checkbox"/>		Dysentery (bacterial, amoebic, or parasitic)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment, ear infection	<input type="checkbox"/>	<input type="checkbox"/>		Recurrent diarrhea or colitis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis or yellow jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		Stomach or duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Polio (with deformity resulting)	<input type="checkbox"/>	<input type="checkbox"/>		Gastritis or recurrent heartburn	<input type="checkbox"/>	<input type="checkbox"/>
Cancer or malignancy	<input type="checkbox"/>	<input type="checkbox"/>		Kidney or bladder infections, kidney stones	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or wheezing	<input type="checkbox"/>	<input type="checkbox"/>		Back injury/strain, recurrent back pain	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>		Painful joints (arthritis, bursitis)	<input type="checkbox"/>	<input type="checkbox"/>
Severe skin disease, irritation, infections	<input type="checkbox"/>	<input type="checkbox"/>		Head injury	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations of the heart or arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>		Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Pressure around the heart	<input type="checkbox"/>	<input type="checkbox"/>		Fainting spells, dizziness	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		Epilepsy, seizures	<input type="checkbox"/>	<input type="checkbox"/>
Nervous, emotional problems	<input type="checkbox"/>	<input type="checkbox"/>		Migraine or other headaches	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above, please give details as to date, severity, and any current problems or treatments (attach additional pages if necessary):

Have you consulted a physician for any reason in the past 18 months? Yes No (If YES, please give dates, reason, and result): _____

Have you ever been hospitalized for a major physical or mental illness, surgery, or injury? Yes No (If YES, please give year, reason, and result): _____

Do you now or have you ever had any allergic reaction to drugs, injections, or insect bites? Yes No (If YES, please give details): _____

Are you allergic to sunscreen? Yes No

Have you been restricted in any physical activities by a physician in the past year? Yes No (If YES, please give details): _____

Do you have any food intolerances or allergies? Yes No (If YES, please give details):

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

Do you wear glasses? Yes No

Do you wear contact lenses? Yes No If yes, will you wear them on the excavation? Yes No

Are you color blind? Yes No

All information provided on this medical form is correct to the best of my knowledge. Also, if accepted, I will provide confirmation from my physician (form will be provided) that I am physically and emotionally healthy and that I am able to withstand the strenuous outdoor living and required for an archaeological excavation in a desert environment.

Signature _____

Date _____

Note: This form is to be submitted with complete application.