



Tel Lachish Excavation
THE AUSTRO-ISRAELI EXPEDITION

APPLICATION FORM 2018

Season dates: 8th July – 3th August 2018

Location: Tel Lachish, Israel

To be emailed to: katharin.streit@mail.huji.ac.il; felix.hoeflmayer@oeaw.ac.at

CONTACT DETAILS:

Name:	
Affiliation (University)	
Address:	
Email:	
Phone:	
Birthday:	
Nationality:	
Passport No.:	

MEDICAL RECORD:

Allergies:	Please describe type, severity and necessary precautions: <hr/> <hr/> <hr/> <hr/>
Other diseases:	<hr/> <hr/> <hr/>
Dietary requirement:	<input type="checkbox"/> omnivore, no special requirements <input type="checkbox"/> Vegetarian

SKILLS AND EXPERIENCES

<p>Previous excavations:</p>	<p>Excavation experience: <input type="checkbox"/> Yes: _____ weeks <input type="checkbox"/> No</p> <p>If yes, list sites and your function(s) in the project(s):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Find processing experience:</p>	<p>I have previously worked with:</p> <p>Pottery: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flint: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other: _____</p>
<p>Education:</p>	<p>Degree in Archaeology?</p> <p><input type="checkbox"/> Yes: _____ (University, BA, MA, PhD, Year of graduation)</p> <p>_____</p> <p>(University, BA, MA, PhD, Year of graduation)</p> <p><input type="checkbox"/> No, other fields: _____ (University, BA, MA, PhD, Year of graduation)</p>
<p>Non-archaeological activities:</p>	<p>Please list other activities, which show you are suitable for an excavation abroad, such as sport, outdoor activities, traveling, study abroad, tour guiding, work with children etc.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

DURATION OF STAY

First time applicants are required to join us for the entire season. Returning volunteers can chose to participate only part of the season.

- First time applicant: entire season
- Returning: dates _____

WHY DO YOU THINK YOU ARE SUITABLE?

Please state in a few sentences, why you think you are suitable for this project

I hereby state that I have complete health, accident, and personal possessions (theft and damage) insurance, valid in Israel. I have been declared by my doctor and my insurance program to be medically fit and up to the exertions of manual work in hot climate. I am aware that should the above statement be untrue, I would have no claim for compensation from the Lachish Project, its supporting institutions, or any of its members.

Signature _____ *Date* _____