

HUQOQ APPLICATION FORM

Dear Applicants,

The following pages contain the application for the 2022 excavations at Huqoq. This year's excavations are scheduled for Tuesday, May 31 – Sunday, July 3, 2022. We will arrange for a bus to depart for Huqoq from Ben-Gurion airport in Tel Aviv at 6:00 pm on Tuesday, May 31, so you should book a flight that arrives at Ben-Gurion no later than 4:00 pm on May 31. This means you should leave the US or Canada on May 30. Early on the morning of July 1, we will arrange for a bus to transport participants back to Ben-Gurion airport, so you should schedule your return flight from Ben Gurion no earlier than 11:00 am on July 1.

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 participants in the dig 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 returned to the UNC Study Abroad office by their required deadline date. UNC Study Abroad will notify students of their acceptance to the program.

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 2022 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-July 2022 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 2022 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): _____