

To: Head of Department (where the volunteer will be serving):

I, the undersigned _____, I.D. No. _____

_____ Address: _____

hereby express my wish to serve at Tel-Aviv University in a voluntary capacity as

_____ starting from _____ for _____

hours weekly.

I hereby declare that:

1. I am aware that I will not be paid for my voluntary service nor will I be covered by National Insurance or by any other insurance which covers employees of Tel Aviv University, and I accept full responsibility for anything connected and related to my voluntary service at Tel Aviv University.
2. I hereby commit myself towards Tel Aviv University not to disclose any information of which I may be made aware in my capacity as a volunteer employee, except to those legally entitled.

Signature _____

Date _____