

Application form

Evangelical Sisterhood of Mary
- Kanaan Team -
P.O.Box 13 01 29
D-64241 Darmstadt

Tel. 06151 - 5392 - 0
Fax: 06151 - 5392 - 57
E-mail: KT-W@kanaan.org

Dear Friend,

If after studying the information we have sent you, you feel you would like to spend some time as a volunteer in our sisterhood, please answer the following questions and return the form to us as soon as possible.

Yours sincerely, The Sisters of Mary

When would you like to visit Kanaan? from to

Surname

Christian name

Address

photo

Tel. No.

Mobile

Email

Date of birth

Denomination

Occupation

What is your first language?

Which other languages do you speak?

..... fluently / fairly well / a little

..... fluently / fairly well / a little

What do you like to do in your free time?

.....
.....

What are your expectations for a time on Kanaan?

.....
.....
.....

How good is your health? (please check as appropriate)

* **good (I am physically strong)**

* **generally good, but:** (indicate slipped disc, weak nerves, depression, allergies (please specify), asthma, special diet etc.)

.....

*** under medical supervision / treatment for**

.....

What kind of health insurance do you have?

a).....

b) Is your parents' health insurance also valid for you?

c) Are you covered by the health insurance indicated under a) or b) during your stay at Kanaan?
(The National Health Insurance in some countries also cover citizens travelling to the Federal Republic of Germany.)

.....

Your insurance company can inform you*

d) If a) to c) do not apply, please take out a travel health insurance for the time of your stay at Kanaan. Any travel agency in your home town will be able to do this for you.

I have taken out a travel health insurance from till

e) In case of accident during your stay at Kanaan, we are only liable as far as our message liability insurance compensates for the costs.

In summarizing, I confirm that in case of illness during my stay at Kanaan, the costs would be paid by:

(indicate what applies in your case If the questions pose any difficulties for you, please feel free to write to us.)

date: signature:

I give my consent that information I have given on this form will be saved in the Sisterhood's computerized database, exclusively for use within the Sisterhood: Yes / No

If you are still a minor, please ask your parents to sign the following:

I) I acknowledge that in case of an accident involving our son/daughter during his/her stay at Kanaan, the Evangelical Sisterhood of Mary is only liable as far as their message liability insurance compensates for the costs.

II) If our son/daughter should require medical attention during his/her stay at Kanaan, the costs will be paid by:

(please indicate what applies in your case)

date: signature:

I give my consent that information I have given on this form will be saved in the Sisterhood's computerized database, exclusively for use within the Sisterhood: Yes / No

* If you come from the United Kingdom, the National Health service will also cover the costs of medical attention in the Federal Republic of Germany.

Please apply to the Department of Social Security for leaflet SA28 and form CM1 which you should fill in and return to the DSS. They will then send you form E111 which you must bring with you when you come to Germany. It is advisable to apply to the DSS at least six weeks before your departure.