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| **APPLICANT INFORMATION** | | |
| **Family Name:** | | |
| **First Name:** | | |
| **Middle Name:** | **□Male □Female** | |
| **Place of birth:** | **Date of birth:** | |
| **Nationality:** | **Religion:** | |
| **Home Address** | | |
| **Telephone number:** | | |
| **Mobile number:** | | |
| **Skype account:** | | |
| **Email address:** | | |
| **Type of passport:** | | **Passport No.:** |
| **Place of issue:** | | **Date of issue:** |
| **Date of expiration:** | | |
| **ID No.:** | | |
| **Occupation:** | | |

**Israel, Palestine, Japan**

**Youth Exchange for Peace Project 2017**

**LET’S MAKE A PEACE BRIDGE IN JAPAN!**

**3 ~ 18 August 2017**

**APPLICATION FORM**

\* This form and its supporting materials are confidential and will be reviewed only by the staff of the NGOs “Helping Children in the Holy Land”.

Please send the completed form as soon as possible (before the 7th April) to the following email address;

TO: **Hiroko Inoue: ispalejpn@gmail.com**

**Yacoub Ghazzawi yacoghaz@hotmail.com**

CC: **Fr. Ibrahim Faltas direttore@tscjerusalem.org**

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| --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | |
| **Name** | **City/state** | **Major/minor** | **Dates** | **Degree/certificate** | **Grade** |
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| **LANGUAGES** | | | | | |
| **Languages** | **Native** | **Excellent** | **Good** | **Fair** | **Poor** |
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| **WORK/VOLUNTEER EXPERIENCES** | | | |
| **Position** | **Name of Company/Organization** | **Dates** | **Tasks** |
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| --- |
| Please indicate if you have any skills/experiences that can contribute to the volunteer and cultural exchange sessions (i.e. music, performance, cultural lessons, etc) |

QUESTIONS:

1) How did you know and what did you hear about the “LET’S MAKE A PEACE BRIDGE IN JAPAN” project?

Answer:

2) This project focuses on interaction among Israeli, Palestinian and Japanese youth.

What are your motivations and why do you think you are the right person to participate in this project? Elaborate.

Answer:

3) Describe yourself, your personality, your relationship with your family, with people around you and your ideas of living in peace, your dream for the future, etc. Elaborate.

Answer:

4) As an Israeli/Palestinian youngster, what is your prospective concerning the ongoing conflict and its resolution? Elaborate.

Answer:

5) About your health:

|  |  |
| --- | --- |
| YES | NO |
| 1. Do you have a chronic or recurring illness/condition? |  |  |
| 2. Have you had any illness or infectious disease recently? |  |  |
| 3. Do you have any allergy? (medicine, insects, etc.) |  |  |
| 4. Do you have diabetes or asthma? |  |  |
| 5. Do you have any dietary restrictions? (medical, religious, etc.) |  |  |

If you answered “yes “ to any of the above questions, please explain:

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**Blood type:\_\_\_\_\_/RH\_\_\_\_**

\*Respecting our diversity and community life, the project will take your religious and allergic diet into consideration, but not your personal preferences. However, the project is not capable of providing vegan or strictly kosher meals.

6) You are requested to continue to be part of Peace Bridge activities after the project.

\* Participate in exchange programs, meetings, activities after going back to your country.

\* Participate in exchange programs, meetings and activities for Japanese study tour group in March 2018

We may ask you to host Japanese student(s) at your home upon their visit. Is your home able to host the students (accommodation and meals)? YES / NO

**If you answered YES to the above questions, how many guests can you host at your home, and which gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach a copy of your passport and a photograph.**