



# US Application for Ecumenical Accompaniers



**E-mail completed application to:**

info@eappi-us.org

**Send completed application to:**

EAPPI-US

376 Hatfield Street Apt. A  
Northampton, MA 01060

## 1. Personal Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Age, date and place of birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

(Mobile): \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport date and place of issue: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_

**Please indicate when you would be available to go to Israel-Palestine.**

Please indicate **at least 2 departure dates** when you would be available for  
a three month term:

- February 2009 – April 2009\***
- March 2009 – June 2009\***
- August 2009 – November 2009\***
- October 2009 – January 2010\***

\*Dates are subject to change

## 2. Education

High School (name and location): \_\_\_\_\_

Grad. date: \_\_\_\_\_

College / University (name and location): \_\_\_\_\_

Field of Study: \_\_\_\_\_ Grad. Date: \_\_\_\_\_

Grad School (name and location): \_\_\_\_\_

Field of Study: \_\_\_\_\_ Grad. Date: \_\_\_\_\_

Other Training and/or qualifications: \_\_\_\_\_

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**3. Work Experience (paid or unpaid)**

Please give details of your work experience (paid or unpaid) starting with your present/most recent employment. Please continue on a separate sheet if necessary.

<b>Dates:</b>	<b>Name and Address of Employer</b>	<b>Title and Description of Duties</b>

**4. Family Situation**

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow(er)  
\_\_\_ Separated \_\_\_ Long term relationship

Are your family members or other people close to you supportive of your plan to go to Israel-Palestine? (This information will not be used as part of the selection process) \_\_\_\_\_

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**5. Health Condition**

Please circle as appropriate:

- Do you have any special dietary needs? Yes                      No
- Do you have any disability you wish to mention here? Yes                      No
- Have you consulted a doctor in the last 3 years? Yes                      No

If no, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Have you ever undergone a surgical operation? Yes                      No

If yes, when and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Do you have or have you ever had any problems with:

Anemia	YES	NO	Bruise easily	YES	NO
Diabetes	YES	NO	Blood pressure	YES	NO
Thyroid disorder	YES	NO	Heart disease	YES	NO
Rheumatic fever	YES	NO	Heart attack	YES	NO
Hepatitis	YES	NO	Stroke	YES	NO
Jaundice	YES	NO	Heart valve	YES	NO
Epilepsy	YES	NO	Pacemaker	YES	NO
Asthma	YES	NO	Heart surgery	YES	NO
Glaucoma	YES	NO	Arthritis	YES	NO
Tumors	YES	NO	Allergies	YES	NO
Cancer	YES	NO	Allergic to Penicillin	YES	NO
Radiation	YES	NO	Allergic to Novocain	YES	NO
Headaches	YES	NO	Allergic to Codeine	YES	NO
Dizziness	YES	NO	Allergic to Aspirin	YES	NO
Abnormal bleeding	YES	NO	Convulsions	YES	NO
Emphysema	YES	NO	Tuberculosis	YES	NO
Numbness/tingling	YES	NO	Ringling ears	YES	NO
Sinus problems	YES	NO	Ulcers	YES	NO
Kidney disease	YES	NO			
HIV/Aids-related Illness	YES	NO			

Anything you would like to comment on: \_\_\_\_\_

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\_\_\_\_\_

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## 6. Knowledge of Languages

Native Language: \_\_\_\_\_

Please indicate your level of proficiency in each language by ticking the appropriate box and give details of any other languages you know:

	None	Basic	Competent	Fluent	Comments
English (spoken)					
English (written)					
Arabic (spoken)					
Arabic (written)					
Hebrew (spoken)					
Hebrew (written)					
Other:					
Other:					
Other:					
Other:					

Anything you would like to comment on: \_\_\_\_\_

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## 7. Knowledge of Israel-Palestine

Have you visited Israel and/or Palestine before? If yes, then for what purpose? \_\_\_\_

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What other experience or knowledge do you have about the Israel-Palestine conflict?

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## 8. Specific Skills

*Please note that these are not required fields of knowledge, but are an asset.*

Have you ever participated in non-violence training? Yes No

If yes, please describe who led the training, when and where it occurred, and its purpose and context: \_\_\_\_\_

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Do you have any knowledge of nonviolent conflict resolution and mediation?

Yes

No

If yes, elaborate on what you learned and where: \_\_\_\_\_

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Do you have human rights experience or specialized training? Yes No

If yes, please specify: \_\_\_\_\_

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Anything you would like to comment on (volunteer work, solidarity work, peace work, advocacy work or participation in nonviolent action): \_\_\_\_\_

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**9. Travel, residence, and work abroad**

Have you lived and/or traveled in other countries? Yes No

If yes, please give dates and details: \_\_\_\_\_

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**10. Advocacy experience**

Have you had any writing published? Yes No

Have you undertaken research or reported on human rights abuses or development

work?

Yes No

Please give details of published work or reports, dates, type of piece and purpose:

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Please give details of your experience of public speaking or other communication work:

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Is there any reason why you might not be willing to do public speaking for EAPPI on your return from Israel-Palestine?

Yes No

If yes, please explain:

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Please give your level of competence with computers (word processing, e-mailing with attachments and accessing the internet), mobile phones and digital cameras:

Office tools	Poor/Fair/Good/Excellent
Use of e-mail	
Use of blogs and website deign	
Use of a mobile phone	
Use of a digital camera	
Ability to download picture from a camera to a computer	
Use of a laptop computer	
Software: Microsoft Word	
Software: Microsoft Excel	
Software: Microsoft PowerPoint	

Anything you would like to comment on:

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**11. Church, Ecumenical, and Peace Networks**

What church (local, regional, and denomination), ecumenical, or peace groups/networks are you involved with? \_\_\_\_\_

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Have you had exposure to various faith communities? If yes, please give details of the depth and nature of your exposure: \_\_\_\_\_

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Do you belong to any church-related, ecumenical, faith-based or other civil society networks that can assist in your advocacy work during and after your participation in the EAPPI? If yes, please specify: \_\_\_\_\_

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**12. Team Work**

Please give some examples of the teams you have been a part of and a description of the role(s) you have taken within these teams: \_\_\_\_\_

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What did you learn from this (these) experience(s)? \_\_\_\_\_

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**13. Motivation**

Why are you applying to be an ecumenical accompanier? \_\_\_\_\_

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What talents, skills, and/or experiences particularly qualify you to be an ecumenical accompanier (i.e. what do you bring to the EA post)? \_\_\_\_\_

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**14. References**

Please give the names and addresses of three referees (NOT relatives) who have known you for at least one year. Please provide them with the EAPPI Reference Form, which they should complete and return to the EAPPI-US National Coordination (376 Hatfield Street, Apt. A; Northampton, MA 01060; ecfistler@gmail.com)

	<b>Referee 1</b>	<b>Referee 2</b>	<b>Referee 3</b>
<b>Name</b>			
<b>Address</b>			
<b>Phone/ e-mail</b>			
<b>How you know him/her</b>			

**Declaration:**

I confirm that the information given above is true and complete.

Applicant Signature

Date