נספח ו': בקשה להמשך העסקת מתנדב - אנגלית

Volunteer's SAP no.: _____

Re: Application to Continue Employment of Volunteer

Volunteer's details:

First name: _____ **Family name:** _____

I.D/Passport: | | | | | | | | | | **Date of birth:** | | | | | | | | |

Address: street: _____ No.: _____ city: _____ postcode: _____

Telephone no.: _____ **Mobile phone:** _____

Marital status: _____ **Nationality:** _____

Declaration of family members employed in the Technion (circle relevant option):

1. I hereby declare that I **do not** have any relatives employed in the Technion organization
2. I hereby declare that **I have** a relative employed in the Technion:

   * Volunteers are appointed according to the guidelines applied for the employment of family members.

   Name: _____ relationship: _____

   Faculty/unit of employment _____

   * If the volunteer has a relative who is employed by the Technion, authorization from the Deputy Director General of Human Resources should be submitted with this form.

Employment details:

Department: _____Function:_____

Employment termination date: _____

I hereby declare that the aforementioned information is accurate and complete.

Date: _____ Volunteer's signature: _____