



Applicant Information					
Last Name		First Name		DOB	
Street				Apt	
City		State		Zip	
Email			Phone		
If pregnant	Due date				
How did you hear about "Hachaklait" externship program?					

Languages - Please note what languages you are fluent in

Period of Requested Externship					
From		Until		Total number of days:	

Place of Externship - Please state if you have a preferred area in Israel

Place of Accommodation - In the event you already have a place to stay in Israel , please specify address

Areas of Interest - Please indicate if you have specific field\s of interest

Personal Information					
Why are you interested in an externship in our organization?					
What specific experience would you like to gain through this externship?					
Describe briefly your long-term career goals					
Year of study		Of total		Expected graduation	

References			
Name & location of current school			
Name of recommending senior staff member			
Email		Position	

Disclaimer and Signature
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an externship period, I understand that false or misleading information in my application may result in my release.

Name & Signature		Date	
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