

Khirbet Safra Archaeological Excavation

The Institute of Archaeology
Siegfried H. Horn Museum
Andrews University

HUDON@ANDREWS.EDU (269) 471-3273

Thanks for your interest in participating in the excavation at Khirbet Safra, Jordan. Please read the application instructions carefully!

Step #1: Consult the following chart to determine what parts of the application are essential for your application status.

	AU Archaeology Faculty	First time AU student	Returning AU student	First time Volunteer	Returning Volunteer
Typed security form + digital photo	X	X	X	X	X
Copy of Passport ID page	X	X	X	X	X
Application Form part 1	X	X	X	X	X
Application Form part 2		X	X	X	X
Personal Statement		X		X	
Assumption of Risk and Hold Harmless Agreement		X	X	X	X
Code of Conduct Form		X	X	X	X
Medical Form & Insurance Card	X	X	X	X	X

Step #2: Complete the security form as soon as possible, and email it with your passport and photo to HUDON@ANDREWS.EDU or mail them to **Safra Excavation, Andrews University, 9047 US 31, Berrien Springs, MI 49104-0990**. This form **MUST** be at the Horn Archaeological Museum office by **February 1, 2023**. **NO EXCEPTIONS!** Even if there is only a slight possibility that you will participate in the excavation, you must submit this form. Submission of the form in no way obligates you to participate in the dig. Rather, it simply makes it possible for you to participate, should you make that decision later.

Step #3: Be sure to submit necessary materials on or before the date specified!

- February 1, 2023—Security form *with a passport-type picture and 2 copies (or a scan) of your passport ID page*.
- March 1, 2023—All application materials for your application status (see chart) and \$500 deposit.
- May 2, 2023—Full payment for participation in the excavation season (volunteers) or proof of financial clearance (AU students).

Khirbet Safra

Application Form Part 1

AU ID # _____ (if you have one)

Name _____
Last First M.I.

Current Address _____

Tel: H: (____) ____ - ____ W: (____) ____ - ____ Cell: (____) ____ - ____

Email address: _____

Above address permanent **Y/N**? If no, effective through what date? _____

Additional contact information (if above address will not be valid at least 1 calendar year)

Address: _____

Telephone # (____) ____ - ____ Email _____

Marital Status _____

Occupation or field of study _____

Length of Stay: ___ Full Season (6weeks) ___ Half Season (3weeks)

Please provide anticipated: Arrival: _____ Departure: _____

Persons to be notified in case of emergency while you are abroad:

Name _____ Relationship _____

Address _____

Tel: Day:(____) ____ - ____ Evening:(____) ____ - ____ Email _____

Alternate Emergency Contact

Name _____ Relationship _____

Address _____

Tel: Day:(____) ____ - ____ Evening:(____) ____ - ____ Email _____

Khirbet Safra

Application Form Part 2

Name _____
Last First M.I.

Please list Institutions of higher education where you have attended.
Include: *Name, Dates Attended, Degrees/Dates, Field of Study*

Please list your work experience:
Include: *Type of Work, Dates*

Publications:

Hobbies, Interests:

Archaeological experience—please indicate any sites where you have previously worked.
Include: *Site Name, Position, Dates*

I have taken the following archaeological and related courses:

I have studied in the following areas (check all that apply):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Physical Anthropology | <input type="checkbox"/> Ancient Technology |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Art History | <input type="checkbox"/> Other(s) _____ |

I have some experience in the following:

- | | | | |
|--------------------------------------|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Cartography | <input type="checkbox"/> Drawing | <input type="checkbox"/> Photography | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Surveying | <input type="checkbox"/> First Aid | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Editing | <input type="checkbox"/> Other(s) _____ | |

- | | | |
|--------------|-------------------------------|----------------------|
| ◆ Excavation | ◆ Labs: (Ceramics or Objects) | ◆ Architect/Surveyor |
|--------------|-------------------------------|----------------------|

◆ Photography

◆ Art Work

◆ Medical

◆ Babysitting

Preferred area(s) of work: Based on the above, list in order of preference your first three choices of work

1. _____

2. _____

3. _____

Please indicate your language skills:

English Arabic Other _____

Do you wish to register for graduate credit through Andrews University? Yes No
If so, are you currently accepted into an AU degree program, or will you need to take classes as a guest student (PTC) status? Degree-seeking Guest/PTC student

Please indicate how many credits you plan to register for (6 available for MA/PhD students; 8 for MDiv students) from the following list of classes:

- | | | |
|-------|---------------|---|
| _____ | ANEA/OTST 510 | Archaeology and the Bible (2-3) |
| _____ | OTST 620 | Old Testament Theology (2-3) |
| _____ | OTST 664 | Pentateuch (2-3) |
| _____ | ANEA OTST 630 | Archaeological Field Work (1-6) |
| _____ | ANEA/OTST 830 | Advanced Archaeological Field Work (1-6) |
| _____ | ANEA/OTST 810 | Ancient Near Eastern Archaeology (3) |
| _____ | ANEA/OTST | Directed Readings/Independent Study (1-8) |

References: Please provide the names and addresses of two people (preferably in Academics) who support your application.

1.Name _____

Address _____

Telephone # (____) ____ - ____ Email _____

2.Name _____

Address _____

Telephone # (____) ____ - ____ Email _____

I have paid my \$500.00 nonrefundable deposit for the 2023 dig season

I will send the remainder of the dig cost by May 8, 2023

All information on this and the attached application forms is correct to the best of my knowledge.

Signature _____ Date _____

Name of applicant_____

Personal Statement: (For first-time applicants to this project)

Without duplicating material given above, state in a concise narrative fashion some things about yourself which might prove useful in our evaluation of your application. Include anything about your personal history, personality, future plans, and expectations for the summer that you consider appropriate. Why are you interested in archaeology? How will the project be strengthened by your participation? What will it miss without you?

Name of applicant _____

I hereby acknowledge that I have voluntarily chosen to participate in the *Khirbet Safra Excavation in Jordan* beginning on June 4 and ending on June 30, 2023 (the “Dig”). I understand and accept that there are risks involved in the Dig. I acknowledge that some of the risks inherent in the Dig include, but are not limited to: property damage and/or loss; physical exertion; illness and disease, including AIDS; minor bodily injury; severe bodily injury; an inadequate blood supply; and death. I expressly, knowingly and intelligently assume the following: all risks of travel, whether by car, bus, aircraft, boat or any other means; all risks of riot, civil disobedience, hijacking and terrorism; all risks associated with the preparation and eating of food and water; all risks of loss or destruction of personal property; and all losses whether to person, property, or money caused in whole or in part by myself or any other person or entity. As a voluntary participant in the Dig, I acknowledge the risks involved and hereby accept any and all risks, including those not specified above. I further agree that my participation in any specific phase or activity during the Dig, including the use of any equipment, will be at my own discretion and judgment based on my own experience and competence.

I acknowledge that I have read the Consular Information Sheet for Jordan (<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Jordan.html>) that was prepared by the United States Department of State, on (date) _____ (the “Information Sheet”), and that I accept the risks identified in the Information Sheet. I acknowledge that I have read the Health Information for travelers to Jordan (<https://wwwnc.cdc.gov/travel/destinations/traveler/none/jordan>) that was prepared by the National Center for Infectious Diseases, on (date) _____ (the “Health Information”), and that I accept the risks identified in the Health Information. I further acknowledge and agree that I have been informed of the opportunity to purchase insurance for medically supervised air transport through the International SOS company (at www.internationalsos.com) and I accept responsibility for my decision to do/not do so. I further acknowledge and understand that a medical consultation is recommended to participate in the Dig and I am responsible for getting this consultation and for following all health-related recommendations made by my physician and by the University medical director.

In consideration of my participation in the Dig and to the fullest extent permitted by law, I (on behalf of myself and my family, estate heirs or assigns) agree to indemnify, defend and hold harmless the Dig Consortium, all its members (including Andrews University) and their trustees, officers, employees, agents, volunteers and assigns (collectively, the “Dig Organizers”) from and against all claims arising out of or resulting from my participation in the Dig, except for claims arising out of the sole gross negligence or willful misconduct of the Dig Organizers. A “claim,” as used in this agreement, means any claim, suit, action, damage, financial loss, or expense, including, but not limited to attorney’s fees, resulting from my participation in the Dig. *I still further acknowledge and understand that world events (including but not limited to war and terrorism) may alter or cause the cancellation of the Dig and I understand and agree that I (and not the Dig Organizers) will be responsible for my portion of the financial losses caused by any such alteration or cancelation.*

I understand and agree that this agreement is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the remaining portion hereof shall continue in full force and effect.

This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms.

Dated: _____

Signature of participant

Printed name of participant

If the participant is under the age of 18, the signature of a parent or guardian is required below.

Dated: _____

Signature of parent/guardian

Printed name of parent/guardian

Name of applicant _____

Respecting the Beliefs and Values of Our Jordanian Hosts

One of Andrews University's most valued assets in Jordan is the long-standing good relationship, which it has enjoyed over the years with the local Jordanians in Amman and Jordan who we interact with while in the country. While Madaba is home to many Christian families, the majority of area residents are Muslim. This means, among other things, that they place a high value on the sanctity of the family, the purity of women, and avoidance of certain foods and beverages.

Representatives of Andrews University, we seek to do our utmost to affirm and respect the values of our gracious hosts at the Mariam Hotel and of the surrounding community. We therefore make every effort to conduct our own personal lives in ways that are harmonious with the sensibilities of these kind people. We also expect those who join our team as volunteers, students or staff to do likewise.

To this end, everyone who chooses to participate with the dig is expected to make an earnest effort—before coming to Jordan—to learn about Muslim beliefs as they relate to these matters. In addition, all newcomers to the project are expected to take part in a cultural orientation session that will be conducted during the first few days of the dig by the directors and other veteran staff. This session will inform of and explain behaviors (appropriate and otherwise) in the local cultural context.

Your signature below will be interpreted as evidence of your commitment to conduct yourself in a manner that avoids offending our local Jordanian hosts. This assumes your taking personal responsibility for learning about what are deemed to be offensive behaviors in the local context (particularly those having to do with drinking, inappropriate dress and inappropriate behavior across lines of gender) and intentionally avoiding those behaviors throughout your participation in the Andrews University excavation.

Core Christian Values

By your signature, you also agree that while participating on this dig you will maintain high standards of conduct. These standards are biblically grounded values such as honesty, modesty, sexual purity, respect for others and their safety, and avoiding alcohol and other substances.

Signature _____

Date _____

Medical History: Year 2022-2023

Purpose of Medical Form:

It protects you and the dig in that it alerts those persons who may not be medically fit for the strenuous work and difficult living conditions on the dig to reconsider their application. The form also helps our camp physician in case of problems during the project. Many people are not aware of how ailments, which are minor in an urban setting, may become significant problems in an isolated area under stressful conditions. Therefore, we ask you, *for your own protection*, as well as for our assessment, to be completely candid in filling out this form and not to leave out anything that may be pertinent, even if you think it may jeopardize your application.

Name (last name, first name) _____

AU ID # (if applicable) _____ Birth Date _____ Occupation _____

You must have medical insurance in order to participate. Please provide your medical insurance information below, and **attach a photocopy of your insurance card (both sides!)**.

Name of medical/accident insurance plan _____

Type of coverage _____ Policy # _____

Address of company _____

Please provide the following information in case of a medical emergency:

Physician's Name: _____ Telephone: _____

Parent/Guardian Information (if under 18):

Parent 1 Name _____ Telephone: _____

Parent 2 Name _____ Telephone: _____

Blood Type and Rh factor (optional): _____

Have you had any of the following? If so, please provide details as to date, severity, and any current problems or treatment.

- Yes No Frequent eye infections_____
- Yes No Glaucoma_____
- Yes No Persistent ear infections_____
- Yes No Loss of hearing_____
- Yes No Diabetes_____
- Yes No Typhoid fever_____
- Yes No Tuberculosis_____
- Yes No Polio (with deformity)_____
- Yes No Pneumonia or pleurisy_____
- Yes No Cancer or malignancy_____
- Yes No Asthma or wheezing_____
- Yes No Severe skin disease_____
- Yes No Goiter or thyroid disease_____
- Yes No Collapsed lung_____
- Yes No Chronic cough_____
- Yes No Shortness of breath (daily activities)_____
- Yes No Heart palpitations or arrhythmias_____
- Yes No Persistent heart murmur_____
- Yes No Pressure around heart_____
- Yes No High blood pressure_____
- Yes No Dysentery (bacterial, amoebic, parasitic)_____
- Yes No Recurrent diarrhea or colitis_____
- Yes No Yellow jaundice hepatitis_____
- Yes No Stomach or duodenal ulcer_____
- Yes No Gastritis or recurrent heartburn_____
- Yes No Kidney or bladder infections_____
- Yes No Varicose veins_____
- Yes No Kidney stones_____
- Yes No Back injury or strain_____
- Yes No Recurrent back pain_____
- Yes No Painful joints_____
- Yes No Serious head injury_____
- Yes No Hernia (rupture)_____
- Yes No Fainting spells, dizziness, unconsciousness_____
- Yes No Epilepsy, convulsive seizures_____
- Yes No Migraine or other headaches_____
- Yes No Nervous, emotional troubles_____
- Yes No Anemia (low blood count)_____

If you have consulted a Physician for any reason in the past 18 months (even for colds, flu, etc.), please give dates, reason and result.

If you have ever been hospitalized for a major-physical or mental illness, surgery or injury, please give year, reason and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites? Yes No Please provide details:

Are you now taking (or have you taken within the last year) any medications or medical treatments, physiotherapy, etc.? Yes No If yes, for what? Please list medication names and dosages.

Have you been in the past year or are you currently restricted by a physician in any physical activities? Yes No Please provide details:

Do you have any limitations that would interfere with the challenges of travel or study in the areas planned for this trip? Yes No
If yes, please describe. We will try to accommodate you, but we must know your limitations in detail.

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc.) i.e., family, immediate friends or co-workers? Yes No
If yes, give details and dates:

Do you wear glasses? Yes No

If so, will you need to wear them while you dig? Yes No

Do you wear contact lenses? Yes No

If yes, will you wear glasses while excavating? Yes No

Are you color blind? Yes No

Have you had a tetanus booster within the last ten years? Yes No

Date of latest tetanus booster: _____ **THIS IS A MUST!**