

The University of Lethbridge Archaeological Field School Tel Beth Shemesh, Israel

Following are information and application forms for The University of Lethbridge archaeological field school at Tel Beth Shemesh, Israel from 8 June to 14 July, 2012.

All funds quoted on these forms are in Canadian dollars. Persons submitting payment in other currencies must ensure that the Canadian equivalent is met.

Students must be at least 18 years of age.

Both field school courses are held in Israel.

Six credits will be given for successful completion of the field school. Students must enroll in two courses at The University of Lethbridge: Archaeology 3300 - Archaeological Field Work in Israel and Archaeology 3000 - Field Techniques in Near Eastern Archaeology (register in Summer Session I). Students may register for these courses *only* after they have received notification of acceptance to the field school. For information regarding fees, registration and payment, consult the university *Calendar* at <http://home.uleth.ca/reg/calendar/>

Please note that the following course (or its equivalent) is a prerequisite for the field school: Archaeology 1000 (Introduction to Archaeology). Students should have also completed a 3000-level Archaeology course. Due to the limited number of spaces available, preference for admission to the field school will be given to those majoring in archaeology and geography and who have completed 15 university courses. The field school courses will be taught by Dr. Shawn Bubel.

Travel to the dig will be arranged by Dr. Bubel. Students choosing to stay longer overseas may do so but must let the instructor know as soon as possible.

Fees:

Tuition (2 courses): +/- \$1050

Dig Fee (room, board, insurance): \$2200.00

Required Israel Field Trips: \$600

Optional Post Field School Field Trip: \$600

Flight (Calgary/Tel Aviv estimated): \$2000.00

Spending Money (estimated): \$300.00

An application fee of \$200.00 must be submitted with the application form. Checks should be made out to: Archaeology, The University of Lethbridge. This application fee will be deducted from the total dig fee.

Your application, including your essay, transcripts, letter of reference and medical forms, must be received not later than March 16, 2012.

All forms are to be sent to:

Professor Shawn Bubel, Department of Geography, The University of Lethbridge,
Lethbridge, Alberta T1K 3M4, Canada

Notification of acceptance will be not later than March 31. Flights will be booked shortly thereafter, and students must pay for their flights at the time of booking. Students must also participate in the travel safety seminar, and sign the liability waiver. The remaining balance of the dig and field trip fees must be received no later than June 1, 2012.

For further information contact Professor Bubel at: E-mail bubest@uleth.ca, or Phone: 403-329-2531, or Fax: 403-329-2016.

Check List

Items to be sent to Professor Bubel by March 16, 2012:

_____ Application form

_____ Essay

_____ Application fee \$200.00 (with application form)

_____ Medical form (to be completed by student and given to physician)

_____ Physical form (to be completed and mailed by physician with medical form)

_____ Letter of reference

_____ Transcripts

Items to be completed and/or submitted after acceptance:

_____ 2 Passport-size photographs

_____ ISIC form

_____ Purchase of plane ticket

_____ Completed contact form

_____ Photocopy of the first and second pages of your passport

_____ The University of Lethbridge waiver of liability

_____ Successful completion of the Travel and Security seminar

_____ Registration in Archaeology 3300 (SSI) and 3000 (SSII) and payment of tuition

_____ Remaining portion of dig and field trip fees (June 1)

**The University of Lethbridge
Archaeological Field School
Tel Beth Shemesh, Israel**

Name (last name first): _____

Social Security No.: _____ Student ID: _____

Present Address: _____

Postal Code: _____ Email: _____

Telephone number with area code: _____

Above address effective through what date? _____

Address after end of school year (if different than above): _____

Date of birth: _____ Place of birth: _____

Country of citizenship: _____

Passport No.: _____ Passport Place of Issue: _____

Passport Date of Issue: _____ Date of Expiry: _____

Father's Name: _____ (required for the Egyptian Visa)

Marital status: _____

Occupation or field of study (major): _____

Institution of higher education:

Name	Dates attended	Degrees received or expected with dates	Field of study

Fellowships or scholarships previously or currently held:

Source or sponsor	Place of study

Occupational experience (give names and addresses of last three employers):

Names and addresses	Type of work	Dates (month and year)

Academic or professional honors, publications, etc.

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Avocations (hobbies, sports, special interests) and extra-curricular activities (membership in student organizations and academic societies):

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Foreign experience (give countries and reasons, e.g. study, travel, armed forces, government, etc.)

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Archaeological experience

Briefly describe past experiences in archaeological excavations, if any. Give the names of the principal investigators and the dates of participation.

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List the academic courses you have taken in archaeology and the dates:

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List the non-academic courses you have taken in archaeology and the dates:

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Have you studied, either in academic courses or on your own, any of the following (check where appropriate):

Computing		Geography	
Physical Anthropology		Zoology	
Ancient Technology		Geology	
Architecture		Botany	
Art History		Ceramics	

Archaeological skills

Have you ever done any heavy manual labor, e.g. farming, road work, construction, etc?
Please specify.

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Do you have any skills or hobbies which require special manual dexterity, e.g., model building, sculpture, painting, ceramics, cabinet making, playing a musical instrument, etc.
Please specify.

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Do you have special skills or work experience in any of the following areas? (Please check where appropriate).

Excavating:

Have you handled any of the following excavation tools?

Measuring tape	<input type="checkbox"/>	Sledge hammer	<input type="checkbox"/>	Plumb bob	<input type="checkbox"/>
Large pick	<input type="checkbox"/>	Hoe	<input type="checkbox"/>	Hand pick	<input type="checkbox"/>
Line level	<input type="checkbox"/>	Spirit level	<input type="checkbox"/>	Wheel barrow	<input type="checkbox"/>
Large sieve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Carpentry and Construction:

What basic tools have you used?

Hammer	<input type="checkbox"/>	Saw	<input type="checkbox"/>	Other (list)	<input type="checkbox"/>
Have you ever repaired handles on tools?					<input type="checkbox"/>
Have you ever worked with cement?					<input type="checkbox"/>
Have you worked with electrical tools or equipment?					<input type="checkbox"/>

Cartography:

Free hand drawing		Drawing to scale		Drafting	
Mechanical drawing		Layout		Inking	
Other(list)					

Computing:

GIS		Other (list)	
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Surveying:

Have used a transit		Total Station		Studied geometry	
Worked on surveying team					

Conservation of Antiquities:

Have worked at cleaning coins or metal		Restoring broken pottery	
Preserving bones or ivory		Other (list)	

Photography:

Have taken pictures professionally	
Semi-professionally	Years of experience:

Secretarial Skills:

Typing		Filing	
Bookkeeping		Other (list)	

Language Skills:**Do you speak:**

Hebrew		Arabic		French		Other (list)	
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Machinery Operation and Maintenance:

Have you worked with generators	
Diesel engines	Motor vehicles
What kind of motor vehicles can you drive?	
Driver's License #	
Date of expiration	

Do you have any other skills or abilities that you think might be useful in archaeological work that have not been mentioned? Please specify.

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***Personal Essay:**

In a short essay format describe why you want to participate in the excavations at Tel Beth Shemesh, Israel this summer. Please include details of your personal history, special interests, future plans, etc. You may also include any other information not asked for in the application that you feel may strengthen your application package.

Your essay should be 2-3 pages. Hand it in with your application form.

Person to be notified in case of Emergency while abroad:

Name	Relationship
Address	
Telephone No./area code	

Reference:

Give the name of the person who is writing a letter of reference for you. This person should be able to discuss your suitability to the field school; addressing your ability to work as part of a team, perform the physical tasks of excavating, succeed in an international setting, and your commitment to your studies etc.

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Signature of applicant: _____ Date: _____

**The University of Lethbridge
Archaeological Field School
Tel Beth Shemesh, Israel**

MEDICAL HISTORY

PURPOSE OF MEDICAL FORM

This form serves to protect you and the Beth Shemesh Project by alerting those persons who may not be medically fit for strenuous work and difficult living conditions to reconsider applying. Many persons are unaware of how ailments, which are minor in an urban environment, may become significant problems in an isolated and stressful location. 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 pertinent information, even if you think it may jeopardize your acceptance.

At other archaeological excavations, volunteers have had recurrences of chronic ailments and/or slight physical problems, which affect participation in the dig. As a result, special medical attention of an emergency nature was required and resulted in leave from the excavation site. We are forced to disclaim responsibility under these conditions. **WE THEREFORE SOLICIT YOUR FULL COOPERATION IN FILLING OUT THE FOLLOWING FORM. THANK YOU.**

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name (Last Name First): _____

Date of Birth: _____ Occupation: _____

Name of Medical/Accident Insurer: _____

Type of Coverage: _____ Policy Number: _____

Address of Insurance Co.: _____

Please Answer All Questions:

Have you had skin irritations or infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medication for a skin condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you tan greatly from sun exposure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you Allergic to sun block?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had eye infections, glaucoma, or eye surgical procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you use eye drops or any eye medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had ear infections or loss of hearing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nasal or sinus infections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nosebleeds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your tonsils removed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from strep throat or other throat infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have diabetes or thyroid disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answered yes to above, please note medications.		<input type="checkbox"/>		<input type="checkbox"/>
Have you had a goiter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung infections such as bronchitis, pneumonia, pleurisy or tuberculosis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung conditions such as asthma, collapsed lung, or emphysema?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get short of breath when doing daily activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get frequent colds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wake up short of breath at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke cigars or cigarettes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a heart murmur or high blood pressure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an irregular heart rhythm now, or in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had rheumatic heart disease or a heart attack?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for heart or blood pressure or high cholesterol control?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s):				
Have you had colitis or bowel spasms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your appendix removed or other abdominal surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had hiatal hernia, ulcers, hepatitis or gall-bladder illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any food intolerances or allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take any medications for your intestinal tract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s):				
Have you had kidney or bladder infections or kidney stones?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have any kidney disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for your bladder or kidney?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Females: Do you suffer severe menstrual cramps?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for Hormonal regularity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had any gynecologic surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you suffered back injuries, head injuries or sustained any fractures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you experience migraine or other headaches?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had fainting spells or unconsciousness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had seizures or epilepsy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for seizures, headaches or emotional stability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s):				<input type="checkbox"/>
Have you experienced weight loss or gain greater than TEN pounds in the past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you taken radiation or chemotherapy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had anemia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for anemia of any type?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication (s)				<input type="checkbox"/>
Epilepsy, convulsive seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Migraine or other headaches (except occasional tension headaches)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nervous, emotional troubles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Anemia (low blood count)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answered yes to any of the questions above please give details as to date, severity, and any current problems or treatment				

<p>If you have consulted a physician for <u>any</u> reason in the past 18 months (even for colds, flu, etc.), please give dates, reason and result.</p>

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	
Give details:				

Are you now taking (or have you taken within the last year) any medication or medical treatments, physiotherapy, etc?	Yes		No	
Give details:				

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

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 spectacles while excavating?	Yes		No	
Are you color blind?	Yes		No	

WOMEN:				
Last menstrual period date				
Do you miss time from work or school because of your menstrual period?	Yes		No	

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PHYSICAL EXAMINATION

NAME OF STUDENT _____

NOTE TO THE PHYSICIAN

This examination is required in order to determine the individual's present state of physical and emotional health and his or her ability to withstand the strenuous outdoor living required for archaeological excavations. Physical labor such as bending and lifting dirt and rocks performed in the heat of summer will be encountered. Disorders of the muscular-skeletal system, especially of the lower back, should be carefully considered. The presence of dust necessitates careful consideration of those with respiratory disorders, especially asthma. Also, individuals with contact lenses should plan to wear only spectacles. The presence of heart problems must be carefully evaluated, especially in older individuals.

This section to be completed by the Physician

Please check appropriate column. Describe abnormal findings in detail.

	N/A	Details
General Appearance		
Blood Pressure 5 th phase		
Pulse Rate: per min.		
Height in inches with shoes on		
Weight: clothed		
Weight one year ago		
Skin		
Lymph Nodes		
Ears		
Hearing for speech		

Eyes (contact, lenses, etc)		
Visual acuity:		
<u>Distant</u>	Without	With glasses
right		
left		
<u>Near</u>		
right		
left		

	N/A	Details
Ophthalmoscopic		
Nose		
Mouth, teeth, pharynx		
Thyroid		
Thorax		
Breasts		
Lungs		
Cardiac size		
Cardiac rhythm sound		
Abdomen		
Hernia (male only)		
Genitalia (male only)		
Upper extremities		
Lower extremities		
Back/Spine		
Rectal (If any history)		
Peripheral Vascular System		
Neurological		
Emotional Stability		

IMMUNIZATION STATUS

The only immunization that is required is a tetanus booster currently within ten years. Please be sure to indicate date received. *Persons will not be accepted on the excavation without certification of immunization.*

Tetanus Booster Date Received _____

SUMMARY

Please list significant impairments and diagnoses:

Do you have any reservation in recommending this individual for participation in the strenuous outdoor activities as outlined in the purpose of this examination?

If so why?

Volunteer's Name _____

School _____

Examiner's signature: _____

Name printed or typed: _____ Degree: _____

Street Address: _____

City: _____, Province: _____

Telephone: _____, Date: _____

Physicians: Please return the completed history and physical examination forms to the student or mail them to:

Dr. Shawn Bubel, Department of Geography, The University of Lethbridge, 4401
University Drive, Lethbridge, Alberta, T1K 3M4

**The University of Lethbridge
Archaeological Field School
Tel Beth Shemesh, Israel**

REFERENCE FORM

_____ is applying for acceptance to the Beth Shemesh Excavation project. This is a five week work project which takes place in Israel during the summer months. The work involves manual labor and academic work at the university level, as well as experiencing life in a different country, primarily in a camp setting. We are, therefore, interested not only in the applicant's intellectual ability and curiosity, but also in his or her attitude toward work, adaptability to new situations, ability to cooperate with and show consideration for others, and character, maturity, and seriousness of purpose. Please mention weaknesses as well as strong points. Your statement will be kept in strictest confidence.

How long have you known the candidate? _____

In what relationship? _____

Name (print) _____ Date _____

Signature _____ Title or position _____

Please return this reference form to the student in a sealed envelope, or mail it to Dr. Shawn Bubel, Department of Geography, The University of Lethbridge, 4401 University Drive, Lethbridge, Alberta, T1K 3M4, no later than **March 16, 2012**.