

**Brooklyn College**  
**Israel: Then and Now – Plus!**  
**Jerusalem, Israel and/or**  
**Loznica, Serbia**

**Following is information and application forms for The Brooklyn College Israel: Then and Now – Plus! program in Israel and Serbia for the summer of 2013.**

**If you are not applying for the Serbian excavation, PLEASE OMIT PAGES 6-9 (EXCEPT FOR THE ESSAY ON PAGE 9).**

All funds quoted on these forms are in US dollars.

Students must be at least 18 years of age.

The program is held in Israel (June 7-28, June 28-July 27) and in the Republic of Serbia (July 28-August 19).

**Please indicate one or more of the choices below:**

☐ This application is for Israel (June 7-28) Course Anthro 11  
(Archaeology of Israel – In Israel)

☐ This application is for Israel (June 28 – July 27) Core Curriculum 20.08  
(Comparative Studies in Cultures and Transformations)\*

☐ This application is for Serbia (July 28 – August 19) Course Anthro 70.11  
(Anthropology Fieldwork Abroad)

Nine credits will be given for successful completion of the entire program. Students **may** enroll in any or all of the courses. Students may register for these courses *only* after they have received notification of acceptance to the field school. **Students must pay tuition and fees separately from the program fees. Tuition is paid to the Brooklyn College Bursar's Office.** For information regarding fees, registration and payment, consult the Registrar at Brooklyn College <http://www.brooklyn.cuny.edu/pub/tuition.htm> or your own institution. For financial aid eligibility consult the Financial Aid Office. Students may register for 3 additional credits in August (by registering for Anthro 70.1 instead of 70.11).

\* Students who have fulfilled their core requirements will enroll in Anthropology 13.5.

**Fees:**

Tuition (1 - 3 courses, 3 - 9 credits): see above – can be \$600 to \$1800 (for matriculated students). (**Student responsibility**)

Room and Board: \$600-\$800

Site Field Trips: \$200

Flights (estimated according to in-season price):

New York - Tel Aviv \$1500;

NY - Tel Aviv - Beograd \$1700;

NY - Beograd: \$1200

Spending Money (estimated): \$300 -- \$500

A non-refundable deposit of \$300.00 must be submitted with the application form.  
Checks should be made out to: Brooklyn College.

Your completed application, including your essay, transcripts, letter of reference and medical forms, must be received not later than April 15, 2010.

All forms are to be brought to the Anthropology Department (3307 James) or sent to:  
Professor H. Arthur Bankoff,  
Department of Anthropology, Brooklyn College,  
2900 Bedford Avenue,  
Brooklyn, NY 11210

Notification of acceptance will be not later than April 15. Flights will be booked shortly thereafter, and students must pay for their flights at the time of booking. Students must then fill out notification and waiver forms, and include a passport-size photograph. The remaining balance of the dig and field trip fees must be received no later than May 1, 2010.

For further information contact Professor Bankoff at:

E-mail: [Balkans.and.Middle.East@gmail.com](mailto:Balkans.and.Middle.East@gmail.com), or

Phone: 718.951.5507.

## **Check List**

### **Items to be sent to Professor Bankoff by April 15, 2013:**

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Essay
- \_\_\_\_\_ deposit \$300.00 (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:**

- \_\_\_\_\_ Passport-size photograph
- \_\_\_\_\_ Balance of plane ticket or proof of purchase
- \_\_\_\_\_ Completed contact form
- \_\_\_\_\_ The Brooklyn College waiver of liability
- \_\_\_\_\_ Successful completion of the pre-travel seminar
- \_\_\_\_\_ Registration and payment of tuition
- \_\_\_\_\_ Remaining portion of trip fees (June 1)
- \_\_\_\_\_ Copy of outside and inside of Passport
- \_\_\_\_\_ Resident Card

**Brooklyn College**  
**Israel: Then and Now Program**  
**Jerusalem, Israel and/or Loznica, Serbia**

- ☐ **Israel June**  
☐ **Israel July**  
☐ **Serbia August**

Name (last name first): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Student ID: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Telephone number with area code: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

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):

--

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, if possible.

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

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

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	

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.

**\*Personal Essay:**

In a short essay format describe why you want to participate in the Israel: Then and Now – Plus! program 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 no longer than 2 pages. Hand it in with your application form.

**Person to be notified in case of Emergency while abroad:**

Name	Relationship
Address	Zip Code
Telephone No./area code	

**Reference:**

Give name and address of the person who is writing a letter of reference for you:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Brooklyn College**  
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**MEDICAL HISTORY**

***PURPOSE OF MEDICAL FORM***

This form serves to protect you and the Israel: Then and Now – Plus! 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.

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

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="text"/>
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="text"/>
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, or psychiatric 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				

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	
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	

**Brooklyn College**  
**Israel: Then and Now – Plus! Program**  
**Loznica, Serbia**

**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 <sup>th</sup> 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: \_\_\_\_\_

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Physicians: Please mail the completed history and physical examination forms to:

Professor H. A. Bankoff,  
Brooklyn College, Department of Anthropology  
2900 Bedford Avenue  
Brooklyn NY 11210

**Brooklyn College**  
**Israel: Then and Now – Plus! Program**  
**Jerusalem, Israel and/or Loznica Serbia**

**REFERENCE FORM**

\_\_\_\_\_ is applying for acceptance to the *Israel: Then and Now – Plus!* project. The travel involves 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 at your earliest convenience to:

Professor H. Arthur Bankoff,  
Brooklyn College, Department of Anthropology  
2900 Bedford Avenue,  
Brooklyn, NY 11210