

INTERNATIONAL RESCUE UNIT REGISTRATION FORM



Date: _____

PERSONAL INFORMATION

First Name. _____ Surname. _____ Age. _____

Address. _____ City. _____

Zip code. _____ State. _____ Country. _____

Telephone Number. _____ Cell Number. _____

Email Address. _____

What time of the day you would prefer for us to call you. Morning Afternoon Evening

GENERAL INFORMATION

How did you hear about the International rescue unit?

Do you have a medical background?

If yes please specify. _____

Do you have a security background?

If yes please specify _____

WRITE 100 WORDS ABOUT YOURSELF:

**THANK YOU FOR CONTACTING US A MEMBER OF THE ZAKA INTERNATIONAL UNIT
WILL CONTACT YOU WITH FURTHER DETAILS**

For more information contact: rescueunit@zaka.org.il | Tel: 972- 2 6255444

Please fill in the form and fax back to +972-508-964-639