



# Community Synagogue of Rye

200 Forest Avenue, Rye, NY 10580

Phone: 914-967-6262 Fax: 914-940-6552 Email: [info@comsynrye.org](mailto:info@comsynrye.org)

## Information Form

We are thrilled that you want to affiliate with our sacred community and we want to get to know you better.

Please take a few moments to fill out this information form.

*Who we are: A caring Jewish community that seeks to add meaning and purpose to your life.*

*How we do it: Inspired by Jewish teaching and traditions we seek to be a center for spiritual transformation; to foster the creation of sacred relationships; and to give people the tools and resources to be God's partner in healing the world.*

*This vision is guided by our commitment to the Jewish values of Worship (T'filah), Lifelong Learning (Talmud Torah), Community (Kehilah), Loving Kindness (Hesed), Repairing the World (Tikun Olam) and Love of Israel (Ahavat Yisrael).*

### Information for Adult A

\_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Hon. \_\_\_\_\_ Other (select one)

Last name \_\_\_\_\_

First name \_\_\_\_\_

Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Date of birth (mo/day/year) \_\_\_\_\_

Date of anniversary (mo/day/year) \_\_\_\_\_

### Home address

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Business

Name of business \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Religious upbringing \_\_\_\_\_

How were you involved Jewishly growing up? \_\_\_\_\_

Attended Jewish summer camp? Y/N Which one? \_\_\_\_\_

Involved in Jewish youth group? Y / N Which one? \_\_\_\_\_



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Traveled to Israel? Y / N When? \_\_\_\_\_

Current religious identification \_\_\_\_\_

If you have been affiliated with another synagogue, please give name and dates of affiliation

\_\_\_\_\_

\_\_\_\_\_

Why did you choose to affiliate with CSR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Information for Adult B

\_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Hon. \_\_\_\_\_ Other (select one)

Last name \_\_\_\_\_

First name \_\_\_\_\_

Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Date of birth (mo/day/year) \_\_\_\_\_

Date of anniversary (mo/day/year) \_\_\_\_\_

### Home address

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Business

Name of business \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Religious upbringing \_\_\_\_\_

How were you involved Jewishly growing up? \_\_\_\_\_

Attended Jewish summer camp? Y/N Which one? \_\_\_\_\_

Involved in Jewish youth group? Y / N Which one? \_\_\_\_\_

Traveled to Israel? Y / N When? \_\_\_\_\_

Current religious identification \_\_\_\_\_

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\_\_\_\_\_



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Relatives or friends who are currently affiliated with Community Synagogue of Rye

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Does anyone in your household have special needs of which we should be aware? Please describe.

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### Child(ren) Information

|                      | Child 1 | Child 2 |
|----------------------|---------|---------|
| Child's English name | _____   | _____   |
| Child's Hebrew name  | _____   | _____   |
| Gender               | _____   | _____   |
| Date of birth        | _____   | _____   |
| School attending     | _____   | _____   |
| School grade         | _____   | _____   |

|                      | Child 3 | Child 4 |
|----------------------|---------|---------|
| Child's English name | _____   | _____   |
| Child's Hebrew name  | _____   | _____   |
| Gender               | _____   | _____   |
| Date of birth        | _____   | _____   |
| School attending     | _____   | _____   |
| School grade         | _____   | _____   |

### Yahrzeit Information (Anniversary of death)

If you have loved ones regardless of their religious identity, whose names you would like to be placed on our Kaddish list (weekly memorial), please list the names below. While it is customary to observe Yahrzeit on the Hebrew date of death, some members prefer to use the English date. Please let us know if you would like assistance in determining the Hebrew date. A Yahrzeit reminder will be sent approximately one month prior to date.

Deceased's Name: \_\_\_\_\_

Remembered by: \_\_\_\_\_  Adult A  Adult B

Relationship: \_\_\_\_\_

English date of death: \_\_\_\_\_ Hebrew date of death: \_\_\_\_\_

I wish to observe: \_\_\_\_\_ English date \_\_\_\_\_ Hebrew date

Deceased's Name: \_\_\_\_\_

Remembered by: \_\_\_\_\_  Adult A  Adult B

Relationship: \_\_\_\_\_



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English date of death: \_\_\_\_\_ Hebrew date of death: \_\_\_\_\_

I wish to observe: \_\_\_\_\_ English date \_\_\_\_\_ Hebrew date

Deceased's Name: \_\_\_\_\_

Remembered by: \_\_\_\_\_  Adult A  Adult B

Relationship: \_\_\_\_\_

English date of death: \_\_\_\_\_ Hebrew date of death: \_\_\_\_\_

I wish to observe: \_\_\_\_\_ English date \_\_\_\_\_ Hebrew date

Deceased's Name: \_\_\_\_\_

Remembered by: \_\_\_\_\_  Adult A  Adult B

Relationship: \_\_\_\_\_

English date of death: \_\_\_\_\_ Hebrew date of death: \_\_\_\_\_

I wish to observe: \_\_\_\_\_ English date \_\_\_\_\_ Hebrew date

CSR owns and operates Sharon Gardens in Valhalla, NY.

Are you interested in further information about the cemetery?

Yes No

Would you like information purchasing a memorial plaque (s)?

Yes No

### **Interests and Skills Intake**

*Upon affiliating with Community Synagogue of Rye, you will be assigned a member of our Board of Trustees to be your host/guide family to better integrate you into the congregation and to learn your story. For now, we want to get a sense of some of your interests and skills. This does not commit you to anything. It only helps paint a picture of who you are and how we might connect.*

### **Hobbies/Crafts**

Adult A Adult B Arts & Crafts (specify: \_\_\_\_\_)

Adult A Adult B Cooking/baking

Adult A Adult B Photography/Videography

Adult A Adult B Indoor sports (specify: \_\_\_\_\_)

Adult A Adult B Outdoor sports (specify: \_\_\_\_\_)

Adult A Adult B Knitting/sewing

Adult A Adult B Carpentry/Woodworking



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- Adult A    Adult B    Gardening
- Adult A    Adult B    Fitness/Health/Nutrition (specify: \_\_\_\_\_)

Please tell us more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Fine Arts & Performing Arts

- Adult A    Adult B    Play Instrument (specify: \_\_\_\_\_)
- Adult A    Adult B    Drama/Theater/Dance
- Adult A    Adult B    Singing
- Adult A    Adult B    Drawing/painting
- Adult A    Adult B    Art instruction

Please tell us more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Jewish Knowledge/Facility with Jewish Practice

- Adult A    Adult B    Read Hebrew
- Adult A    Adult B    Speak Hebrew
- Adult A    Adult B    Torah/Haftarah chanting

Please tell us more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Communication and Information

- Adult A    Adult B    Marketing/PR
- Adult A    Adult B    Writing/Editing



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- Adult A    Adult B    Graphic design
- Adult A    Adult B    Web design
- Adult A    Adult B    Electronic newsletters
- Adult A    Adult B    Social Media
- Adult A    Adult B    Database management
- Adult A    Adult B    Computer networks

Please tell us more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Fundraising

- Adult A    Adult B    Development/Fundraising
- Adult A    Adult B    Event planning
- Adult A    Adult B    Grant proposal writing

Please tell us more: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pro Bono Professional Services

- Adult A    Adult B    Internet/technology services
- Adult A    Adult B    Medical/Dental/Vision
- Adult A    Adult B    Architecture/Interior design
- Adult A    Adult B    Legal
- Adult A    Adult B    Accounting/Finance/Investments
- Adult A    Adult B    Human Resources/Personnel
- Adult A    Adult B    Plumbing/electrical/building systems
- Adult A    Adult B    Security/emergency preparedness/law enforcement



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Please tell us more: \_\_\_\_\_

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## ***General questions***

What are your passions?

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What are your interests?

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Other special skills:

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We appreciate your taking the time to share this information with us. We look forward to getting to know you better.