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? ____________________________
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 ____________________________

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

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

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

__________________________

__________________________
Child(ren) Information

<table>
<thead>
<tr>
<th>Child's English name</th>
<th>Child 1</th>
<th>Child 2</th>
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<tbody>
<tr>
<td>Child's Hebrew name</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Date of birth</td>
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<tr>
<td>School attending</td>
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<tr>
<td>School grade</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's English name</th>
<th>Child 3</th>
<th>Child 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Hebrew name</td>
<td>----------</td>
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<tr>
<td>Gender</td>
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</tr>
<tr>
<td>School grade</td>
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</tr>
</tbody>
</table>

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: ____________________________

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
- □ 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
☐ 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

Please tell us more: ________________________________________________


General questions:

What are your passions?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What are your interests?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Other special skills:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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