



Community Synagogue of Rye

200 Forest Avenue, Rye, NY 10580

Phone: 914-967-6262 Fax: 914-967-0065 Email: 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? _____

Traveled to Israel? Y / N When? _____

Current religious identification _____



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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.



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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: _____

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



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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: _____



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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



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Please tell us more: _____

Fundraising

- | | | |
|----------------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Development/Fundraising |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Event planning |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Grant proposal writing |

Please tell us more: _____

Pro Bono Professional Services

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Internet/technology services |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Medical/Dental/Vision |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Architecture/Interior design |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Legal |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Accounting/Finance/Investments |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Human Resources/Personnel |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Plumbing/electrical/building systems |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Security/emergency preparedness/law enforcement |

Please tell us more: _____



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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.