



Chavurah Questionnaire

Please use the questionnaire below to give the Chavurah Committee information about you and your family so that we may match you with the best group to meet your needs.

Tell us about yourself and your family:

Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Adult Phone 1: _____ Adult Phone 2: _____

Adult Email 1: _____

Adult Email 2: _____

Group Age: ___ 20s ___ 30s ___ 40s ___ 50s ___ 60s ___ 70s+

Children's ages and genders _____

What type of Chavurah are you interested in? Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Same age group | <input type="checkbox"/> Mixed ages | <input type="checkbox"/> Children same ages |
| <input type="checkbox"/> Single parents | <input type="checkbox"/> Single | <input type="checkbox"/> Empty nesters |
| <input type="checkbox"/> Interfaith Families | <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Senior singles |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Singles & couples | |

Topics of Interest to you and/or your family:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Jewish holidays & events | <input type="checkbox"/> Social activities | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Jewish studies | <input type="checkbox"/> Recreational activities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Political/Social issues | |

Additional Helpful Information:

___ I/We would like to help organize a new Chavurah or host a first meeting.

___ Please describe any special needs that the committee should know about: _____

___ Please tell us the name(s) of a person or family that you would like to be in a new Chavurah with: _____

___ Please add anything else you think may help us in placing you in a Chavurah: _____

Chavurot