

**CHAVURAH APPLICATION**

**Adults Interested in Joining a Chavurah:**

Your Name/s: \_\_\_\_\_

Names of Other Adults in the Household: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone (1) : \_\_\_\_\_

(2): \_\_\_\_\_

Email (1): \_\_\_\_\_

(2): \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status:  Married       Life Partner       Divorced  
 Single       Widowed

**Children:**

Name	Birthday	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Indicate How Important the Following Should Be in Your Chavurah:**

	<u>Very</u>	<u>Somewhat</u>	<u>Little</u>
Celebrating Jewish Holidays:	_____	_____	_____
Socializing:	_____	_____	_____
Study/Discussions:	_____	_____	_____
Social Action/Tzedakah:	_____	_____	_____
Cultural Activities:	_____	_____	_____

Outdoor Activities: \_\_\_\_\_  
Wine/Food: \_\_\_\_\_  
Interfaith Families: \_\_\_\_\_  
Other: \_\_\_\_\_

Are you interested in joining a “Special Interests” Chavurah?

Book Club \_\_\_\_\_

Torah Study \_\_\_\_\_

Softball Team \_\_\_\_\_

Are you interested in starting a “Special Interests” Chavurah? If so, please describe:

Please describe any other information which would help us place you in a Chavurah which meets your needs and interests:

If you would prefer to be in a Chavurah with other specific Beth Emek families, please identify them below: (please note: matches must be mutually requested)

Each Chavurah has a Representative who acts, on a rotating basis, as the point of contact between the Chavurah and the Chavurah Coordinator. The initial Representative of the Chavurah is also responsible for contacting the other members of the Chavurah and organizing the first meeting. Chavurah Representatives rotate periodically.

Are you able to be your Chavurah’s initial Representative?

Yes \_\_\_\_ No \_\_\_\_