

Chavurah Application

Date Submitted _____

MEMBER

Mr. Mrs. Ms. Miss Dr.

Last Name _____

First Name _____

Birthday Month _____ Day _____ Year _____

Residence Address _____

City, State, Zip _____ Residence Phone _____

Business Phone _____

Occupation _____

Email _____

MEMBER

Mr. Mrs. Ms. Miss Dr.

Last Name _____

First Name _____

Birthday Month _____ Day _____ Year _____

Residence Address _____

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CHILDREN

Name Age Sex Live at home? (Y/N)

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◆ Describe your religious background and interests

◆ Describe your other special interests

◆ Are the ages of other children in the Chavurah important to you? Explain

◆ What kind of activities would you like to do in a Chavurah?

◆ Describe the kind of people you would like to meet in a Chavurah

◆ Do you have any other helpful information to assist us in placing you in a Chavurah that will meet your needs and interests? (Use back if needed)