



**BETH
CHAIM
CONGREGATION**

Celebrating
Spiritual
Community
Since 1978

Chavurah Interest Form

1. CONTACT INFORMATION

Name: _____

Email Address: _____

Phone Number: _____

2. PARTNER'S CONTACT INFORMATION

Name: _____

Email Address: _____

Phone Number: _____

3. IF YOU HAVE CHILDREN AT HOME, WHAT ARE THEIR NAMES AND BIRTHDATES (MONTH/YEAR)?

Eldest Child: _____

Second Child _____

Third Child _____

Fourth Child _____

4. HAVE YOU BEEN IN A CHAVURAH BEFORE? WHAT WORKED OR DID NOT WORK IN YOUR EXPERIENCE?

5. WHAT WOULD YOU LIKE TO DO IN A CHAVURAH? (CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> Study Jewish history and texts | <input type="checkbox"/> Outings to local attractions (zoo, museum, etc) |
| <input type="checkbox"/> Special workshops and talks on Jewish subjects | <input type="checkbox"/> Celebrate Jewish holidays together |
| <input type="checkbox"/> Dining Out Playdates at parks or homes | <input type="checkbox"/> Shabbat dinners in home |
| <input type="checkbox"/> BBQ and other casual gatherings | <input type="checkbox"/> Other (please specify) |

6. HOW OFTEN IS IDEAL FOR CHAVURAH EVENTS TO OCCUR?

- | | |
|---|--|
| <input type="checkbox"/> 12 times a year- once a month | <input type="checkbox"/> 6 times a year- every other month |
| <input type="checkbox"/> 8 times a year- once every 6 weeks | <input type="checkbox"/> Other (please specify) |

7. LIST ANY BETH CHAIM MEMBERS YOU'D LIKE TO BE IN A CHAVURAH WITH.
