



Congregation B'nai Zion

805 Cherry Hill Lane • El Paso, TX 79912

Please complete the following as fully as possible. In doing so, you will help us serve your needs.

Date :		Filled out by:			
	Member 1			Member 2	
Title	Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___	Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___			
First and Last Name Including Middle Initial					
Date of Birth					
Address					
Home Phone Number					
Cell Phone Number					
Email Address					
Hebrew Name					
Mother's Hebrew Name					
Father's Hebrew Name					
Marital Status: Married - date / / Single ___ Widowed ___ Divorced ___ Separated ___					
Occupation					
	Full-time ___ Part-time ___ Retired ___ Student ___			Full-time ___ Part-time ___ Retired ___ Student ___	
Employer or Business					
Business Phone Title					
CBZ Directory					
Children					
	Child 1	Child 2	Child 3	Child 4	
First and Last Name Including Middle Initial					
Date of Birth					
Hebrew Name					
Gender					
Bar/Bat Mitzvah Date					
Current Secular School/College/Year					
EPJA?					
Talmud Torah?					

Religious Background

Are you	Kohen__ Levi__ Israelite__ Unsure__ Not Jewish__	Kohen__ Levi__ Israelite__ Unsure__ Not Jewish__
Can you	Daven__ read Torah__ read Haftorah__	Daven__ read Torah__ read Haftorah__
Interested in Adult Education__		Interested in Adult Education__

Community Involvement (community activities, board affiliations, volunteer work or related experience)

Yartzheits (attach extra pages if necessary)

Deceased's name (1) English	Deceased's name (1) Hebrew
English date of death / / Before or after sundown	Hebrew date of death / /
Relative of	Relationship
Deceased's name (2) English	Deceased's name (2) Hebrew
English date of death / / Before or after sundown	Hebrew date of death / /
Relative of	Relationship
Deceased's name (3) English	Deceased's name (3) Hebrew
English date of death / / Before or after sundown	Hebrew date of death / /
Relative of	Relationship
Deceased's name (4) English	Deceased's name (4) Hebrew
English date of death / / Before or after sundown	Hebrew date of death / /
Relative of	Relationship

Members are the core of our congregation. We encourage you to get involved. Your participation is vital to our efforts. Please place initials next to your choices.

	Budget and Finance	Membership		Chavurah
	Marketing and Communications	Ways and Means/ Fundraising		Men's Club
	Religious School	Early Childhood/Camp		Sisterhood
	Tikkun Olam/Social Action	Ritual		Youth Commission
	Building Committee	Adult Education		Ushers/Greeters

How do you want to receive Messenger? Paper _____ Electronic _____ Both _____

What have we not asked that you would like us to know? _____



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Chavurah Questionnaire

Please let the New Road to Engagement Committee know what your interests are and the kind of people you like to be with. We will use the information to connect you to others with similar interests.

NAME of Adult 1:			
Gender	Age	Occupation	Where were you raised?
Email address	Phone	How do you prefer to be contacted? (email, phone, mail)	
NAME of Adult 2:			
Gender	Age	Occupation	Where were you raised?
Email address	Phone	How do you prefer to be contacted? (email, phone, mail)	
Do you have children? If so, please tell us about them.			
Name of Child 1:			
Gender	Age	Current school (if applicable)	Current occupation (if applicable)
Name of Child 2:			
Gender	Age	Current school (if applicable)	Current occupation (if applicable)
Name of Child 3:			
Gender	Age	Current school (if applicable)	Current occupation (if applicable)
Do you have grandchildren? If so, please tell us their gender and ages			
Please tell us about the kind of people you like to be with. Check as many as you want.			
<input type="checkbox"/> Singles	<input type="checkbox"/> Couples	<input type="checkbox"/> Mixed Ages	<input type="checkbox"/> Same age as adults
<input type="checkbox"/> Families with same age children	<input type="checkbox"/> Please, no children	<input type="checkbox"/> Single parents	<input type="checkbox"/> Retired
<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Interfaith families	<input type="checkbox"/> Single/married	<input type="checkbox"/> No preference
Please tell us about activities that you may be interested in. Please check as many as you want.			
<input type="checkbox"/> Shabbat Celebration	<input type="checkbox"/> Celebration of Jewish Holidays	<input type="checkbox"/> Social Action/Mitzvah Activities	
<input type="checkbox"/> Religious Studies	<input type="checkbox"/> Political Issues	<input type="checkbox"/> Dinners	<input type="checkbox"/> Book Discussions/Speakers

