Chavurah Questionnaire

Please fill out the following application and return it to the Chavurah Committee c/o Temple Sinai 3104 West Windsor Road, Champaign, IL 61822. Please give as much information about yourself and your family as you can so that we can do our best job of matching interests and needs.

Name: _____ Date: _____

Address: _____

City: _____ ZIP code: _____ - _____

Phone: _____ Cell Phone: _____

Email: _____

Names of children and ages of children: _____

_____

Please circle all applicable responses.

I/We would like to be in a Chavurah with: Couples Singles No Preference

I/We would like to be in a Chavurah with: People my own age (List age Range _____)

Mixed ages No Preference

I/We would like to be in a Chavurah with interfaith couples: Yes No No Preference

I//We would like to be in a Chavurah in which most activities include children: Yes No

If you want to be in a Chavurah with children, the children should be: Similar in age to my children

Mixed Ages Preschoolers Elementary Age Middle and High School Age

Please indicate how important the following should be in your Chavurah:

Celebrate Jewish Holidays:	Little	Somewhat	Very
Socialize:	Little	Somewhat	Very
Study (discussions, speakers)	Little	Somewhat	Very
Social Action/Tzedakah	Little	Somewhat	Very
Cultural Activities	Little	Somewhat	Very

Please include any additional information to assist us in placing you in a Chavurah which will meet your needs and interests:

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