



Welcome! We are thrilled that you have decided to become a part of our Bolton Street Synagogue community. The purpose of this questionnaire is to learn more about you, our new member! Thank you for taking your valuable time to fill this out. Please return to the synagogue office.

Contact Information		
	Adult 1:	Adult 2:
First Name:		
Last Name:		
Preferred Name:		
Preferred Pronouns:		
Birthday:		
	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married, Date: _____	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married, Date: _____
Address: (street, city, state, zip)		
Primary Phone # (please indicate if cell phone or landline)		
Secondary Phone # (please indicate if cell phone or landline)		
Email Address:		
Profession/Occupation:		
Company Name:		

How did you hear about Bolton Street Synagogue? \_\_\_\_\_  
 \_\_\_\_\_

Religious Tradition		
Tradition in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other _____
If not raised in the Jewish tradition, are you...	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Denomination: _____	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Denomination: _____
Did your Jewish education include a Bar/Bat Mitzvah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Children

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Interested in:  Religious School  Teen programs

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Interested in:  Religious School  Teen programs

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Interested in:  Religious School  Teen programs

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Interested in:  Religious School  Teen programs

Bolton Street thrives because of the active participation of our members. Please indicate if you wish to volunteer for an activity or committee.

Adult 1 Name: _____	Adult 2 Name: _____
<input type="checkbox"/> Adult Education <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Development <input type="checkbox"/> Finance <input type="checkbox"/> Inclusion <input type="checkbox"/> Kehillah (Parent Advisory) <input type="checkbox"/> Marketing <input type="checkbox"/> Membership Engagement <input type="checkbox"/> Religious Culture <input type="checkbox"/> Social Action <input type="checkbox"/> Social Events	<input type="checkbox"/> Adult Education <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Development <input type="checkbox"/> Finance <input type="checkbox"/> Inclusion <input type="checkbox"/> Kehillah (Parent Advisory) <input type="checkbox"/> Marketing <input type="checkbox"/> Membership Engagement <input type="checkbox"/> Religious Culture <input type="checkbox"/> Social Action <input type="checkbox"/> Social Events
Hobbies or Skills:  Do you sing or play an instrument? If so, which instrument?	Hobbies or Skills:  Do you sing or play an instrument? If so, which instrument?

Would you like to volunteer to Meet & Greet/ Usher at services?  Yes  No

Is there anything else you would like to share with us? Any interest that you have that we have not listed?

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<b><u>Yahrzeit(s) of parents, children, siblings, spouses, and other loved ones: *</u></b>		
Name	Relationship and to whom related	Date of death

\*Please give the Hebrew date. If you do not know the Hebrew date, please give the English date (month, day and year) and indicate to the best of your ability whether the death took place before or after sunset. We will calculate the Hebrew Yahrzeit date according to the information you provide.