



Getting to Know You

GENERAL INFORMATION

Home address: _____

City: _____ State: _____ Zip: _____

Marital status: Single Married Divorced Anniversary or Partners since: _____

- Check this box if you do not wish to be listed in the Kol Ami Directory available to all our members
- Check this box to receive e-mail announcements
- Check this box to receive the bi-monthly bulletin electronically
- Check this box if we may share your name with other Jewish community agencies

ABOUT YOU

| | Adult 1 | Adult 2 |
|---|---------|---------|
| Full name with title: | | |
| Hebrew name: | | |
| Father's Hebrew name: | | |
| Mother's Hebrew name: | | |
| Date of birth and time of day: | | |
| Occupation/profession: | | |
| Work name: | | |
| Work address: | | |
| Work phone: | | |
| Cell phone: | | |
| E-mail: | | |
| Relation to other Kol Ami members: | | |
| Are you Jewish? If yes, Conservative or Reform? | | |
| How long have you been in Salt Lake City? | | |
| Previous city? | | |

ABOUT YOUR CHILDREN

| | Child 1 | Child 2 | Child 3 | Child 4 |
|--------------------------------|---------|---------|---------|---------|
| First name | | | | |
| Middle name | | | | |
| Last name: | | | | |
| Hebrew name: | | | | |
| Gender: | | | | |
| Date of birth and time of day: | | | | |
| Grade: | | | | |

Others residing in your home and their relationship to you : _____

Yahrzeit Information

| English Name | Hebrew Name <i>include parents</i> | Relationship | Gregorian (English) Date of Death | Jewish (Hebrew) Date of Death |
|--------------|---------------------------------------|--------------|--------------------------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |

Volunteering & Interests

| | Adult 1 | Adult 2 | | Adult 1 | Adult 2 |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Organizing, hosting and/or participating in: | | | Helping With: | | |
| Fundraising Events | <input type="checkbox"/> | <input type="checkbox"/> | Grounds Maintenance/Beautification | <input type="checkbox"/> | <input type="checkbox"/> |
| Social/Special Events | <input type="checkbox"/> | <input type="checkbox"/> | Office Support | <input type="checkbox"/> | <input type="checkbox"/> |
| Neighborhood Events | <input type="checkbox"/> | <input type="checkbox"/> | Gift Shop Support | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Action in Community | <input type="checkbox"/> | <input type="checkbox"/> | Library Redevelopment and Support | <input type="checkbox"/> | <input type="checkbox"/> |
| Greening/Sustainability Efforts | <input type="checkbox"/> | <input type="checkbox"/> | Bulk Mail—preparation and/or deliveries to bulk mail office | <input type="checkbox"/> | <input type="checkbox"/> |
| Become an active participant of: | | | Bulletin Production - desktop publishing, editing and/or proof reading | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Education | <input type="checkbox"/> | <input type="checkbox"/> | Participating in religious services by: | | |
| Sisterhood or Kol Amigos | <input type="checkbox"/> | <input type="checkbox"/> | Joining the Religious Practices Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| Marketing/Branding/Community Relations | <input type="checkbox"/> | <input type="checkbox"/> | Presenting <i>dvar</i> Torah | <input type="checkbox"/> | <input type="checkbox"/> |
| Mitzvah Network - visits to the sick, elderly, help for families in mourning | <input type="checkbox"/> | <input type="checkbox"/> | Reading the Torah/ <i>haftarah</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen Mavens - baking, oneg & kiddush set-up | <input type="checkbox"/> | <input type="checkbox"/> | Ushering/ <i>mikve</i> attendant | <input type="checkbox"/> | <input type="checkbox"/> |
| Membership Committee - welcome new members, host new families for Shabbat/holiday meal | <input type="checkbox"/> | <input type="checkbox"/> | Singing in Choir | <input type="checkbox"/> | <input type="checkbox"/> |
| Assembling and delivery gif baskets for: | | | Please list other ways you can help: | <input type="checkbox"/> | <input type="checkbox"/> |
| Mishloach Manot - Purim Gift Baskets | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Holiday Gift Baskets to Elderly | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Special Talents & Training

| | Adult 1 | Adult 2 | | Adult 1 | Adult 2 |
|----------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|
| Arts & Crafts | <input type="checkbox"/> | <input type="checkbox"/> | Publicity/Advertising | <input type="checkbox"/> | <input type="checkbox"/> |
| Babysitting & Child Care | <input type="checkbox"/> | <input type="checkbox"/> | Read and/or Speak a Foreign Language: | <input type="checkbox"/> | <input type="checkbox"/> |
| Contracting/Electrical/Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| Fundraising | <input type="checkbox"/> | <input type="checkbox"/> | Sales/Account Management | <input type="checkbox"/> | <input type="checkbox"/> |
| Graphic Arts/Website Management | <input type="checkbox"/> | <input type="checkbox"/> | Teaching | <input type="checkbox"/> | <input type="checkbox"/> |
| Library Management | <input type="checkbox"/> | <input type="checkbox"/> | Transportation | <input type="checkbox"/> | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Administration/Management | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| Photography | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | _____ | | |

Thoughts & Comments

I/we joined Congregation Kol Ami because: _____

Programs I/we would like to see are: _____

Other Comments: _____
