

# Application

Please complete all fields.  
Incomplete application cannot be fully processed.

Return completed form to:

The Rebbetzins Network  
1805 Swarthmore Avenue  
Lakewood, NJ 08701

Email to: rebbetzins@oorah.org  
Or fax to: 866-644-3615 ext 151  
Questions? Call 732-730-1000 ext 151

## Personal Info

LAST NAME		FIRST NAME		DATE
ADDRESS				
CITY			STATE	ZIP
HOME PHONE		WORK PHONE		CELL
EMAIL			APPLYING FOR <input type="checkbox"/> MENTOR AND SHADCHAN REGISTRY <input type="checkbox"/> SHADCHAN REGISTRY ONLY	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE / /		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
ARE YOU A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT	BUILD <input type="checkbox"/> SLIM <input type="checkbox"/> AVERAGE <input type="checkbox"/> HEAVYSET	
JEWISH FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, PROVIDE NAME OF RABBI, BEIS DIN, AND DATE OF CONVERSION (PLEASE PROVIDE DOCUMENTATION)				
FRUM FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, FRUM SINCE WHAT YEAR? _____				
YOUR RELIGIOUS OBSERVANCE STYLE <input type="checkbox"/> YESHIVISH <input type="checkbox"/> CHASSIDISH <input type="checkbox"/> MODERN <input type="checkbox"/> OTHER _____				
WHERE WERE YOU BORN?			ARE YOU A KOHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Family Information

FATHERS NAME		MOTHERS NAME		
PARENT/GUARDIAN CURRENT RESIDENCE(CITY, STATE, COUNTRY)				
FAMILY ORIGIN/BACKGROUND <input type="checkbox"/> AMERICAN <input type="checkbox"/> BUCHARIAN <input type="checkbox"/> IRANIAN <input type="checkbox"/> ISRAELI <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SYRIAN <input type="checkbox"/> OTHER _____				
PARENTS RELIGIOUS STATUS: MOTHER <input type="checkbox"/> FFB <input type="checkbox"/> BT <input type="checkbox"/> NOT RELIGIOUS FATHER <input type="checkbox"/> FFB <input type="checkbox"/> BT <input type="checkbox"/> NOT RELIGIOUS				
WHERE WERE YOUR PARENTS BORN? MOTHER		FATHER		

## Personal References

PLEASE LIST THREE RABBIS OR REBBETZINS WITH WHOM YOU HAVE OR HAD A CONNECTION.

1)	CITY/STATE	PHONE
2)	CITY/STATE	PHONE
3)	CITY/STATE	PHONE
YOUR RABBI OR SHUL	CITY/STATE	PHONE
A FRIEND OR RELATIVE	CITY/STATE	PHONE
WHO SHOULD BE CONTACTED IN ORDER TO SET UP A SHIDDUCH? YOU MAY NAME YOURSELF		
	CITY/STATE	PHONE

## **Education and Occupation**

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YOUR EDUCATIONAL BACKGROUND CHECK ALL THAT APPLY

- HEBREW SCHOOL     JEWISH DAY SCHOOL     YESHIVA HIGH SCHOOL     COLLEGE
- POST HIGH SCHOOL YESHIVA    YESHIVA: \_\_\_\_\_  
ROSH YESHIVA: \_\_\_\_\_
- POST HIGH SCHOOL SEMINARY    SCHOOL: \_\_\_\_\_  
MENAHEL/ES: \_\_\_\_\_
- 

CURRENT OCCUPATION CHECK ALL THAT APPLY

- LEARNING FULL TIME     LEARNING PART TIME     ATTENDING SEMINARY
- ATTENDING COLLEGE    SCHOOL: \_\_\_\_\_    DEGREE PURSUING: \_\_\_\_\_
- WORKING    JOB TITLE: \_\_\_\_\_    FIRM: \_\_\_\_\_
- SEEKING EMPLOYMENT
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## **Your Personality and Hashkafa**

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DO YOU HAVE A SCHEDULED LEARNING SESSION     DAILY     REGULARLY     OCCASIONALLY

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DO YOU ATTEND A REGULAR SHIUR? PLEASE ELABORATE.

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WHO IS YOUR REBBI/ROLE MODEL

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WAS THERE SOMEONE WHO SPECIFICALLY INFLUENCED YOUR DECISION TO BECOME FRUM?

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WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?

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HOW DO YOU LIKE TO SPEND YOUR FREE TIME OR VACATION?

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HOW DO YOU FEEL ABOUT TV AND MOVIES?     WILL ALLOW IN MY HOME     WILL NOT ALLOW IN MY HOME BUT WILL GO OUT TO A MOVIE     NOT AT ALL

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DESCRIBE YOUR SHORT TERM AND LONG TERM LIFE PLANS

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TELL US ABOUT YOURSELF AND SOME SPECIFICS YOU ARE LOOKING FOR IN A SPOUSE

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HOW DID YOU HEAR ABOUT THIS PROGRAM?

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