

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

Contact Information

| | | | | |
|--|------------|--|------------|---|
| LAST NAME | | FIRST NAME | | DATE |
| CURRENT ADDRESS | | | | |
| CITY | | | STATE | ZIP |
| HOME PHONE | CELL PHONE | | WORK PHONE | |
| EMAIL | DOB / / | | HEIGHT | |
| JEWISH FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, PROVIDE NAME OF RABBI, BEIS DIN, AND DATE OF CONVERSION (PLEASE PROVIDE DOCUMENTATION) | | | | |
| IF CONVERT: <input type="checkbox"/> FATHER JEWISH <input type="checkbox"/> MOTHER JEWISH YEAR OF CONVERSION _____ | | | | |
| FRUM FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, FRUM SINCE WHAT YEAR? _____ | | | | |
| PRESENT RELIGIOUS ORIENTATION <input type="checkbox"/> YESHIVISH <input type="checkbox"/> CHASSIDISH <input type="checkbox"/> MODERN <input type="checkbox"/> OTHER: _____ | | | | |
| WHAT DOES YOUR RELIGIOUS ORIENTATION MEAN TO YOU? _____ | | | | |
| WHERE WERE YOU BORN? | | ARE YOU A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU A KOHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Religious Observance

DO YOU KEEP KOSHER? MOSTLY ALWAYS SOME OF THE TIME

WHAT IS YOUR MODE OF DRESS? DURING THE WEEK: _____
ON SHABBOS: _____

HOW DO YOU FEEL ABOUT TV/MOVIES? _____

HOW DO YOU FEEL ABOUT SECULAR MUSIC? _____

HOW DO YOU FEEL ABOUT INTERNET? _____

Education and Occupation

| | |
|---|-------------------------------|
| NAME OF HIGH SCHOOL: | NAME OF COLLEGE/UNIVERSITIES: |
| DID YOU HAVE THE OPPORTUNITY TO STUDY IN ISRAEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG? _____ NAME OF SCHOOL: _____ | |
| IF WORKING, PLEASE SPECIFY JOB TITLE AND FIRM: _____ | |

Family Information

| | |
|--|-------------------------|
| CURRENT LOCATION OF PARENTS | NUMBER OF SIBLINGS |
| PRIMARY LANGUAGE: | OTHER LANGUAGES SPOKEN: |
| ARE YOUR PARENTS <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ARE YOU INTERESTED IN MAKING ALIYA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THAT A DEALBRAKER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Your Personality and Hashkafa

DO YOU WEAR TZITZIS? YES NO

DO YOU WEAR TEFILLIN? YES NO

FREQUENCY OF TORAH STUDY: DAILY WEEKLY WEEKENDS NOT AT ALL

SHUL ATTENDED FREQUENCY OF ATTENDANCE: MORNING AFTERNOON EVENING WEEKENDS AND HOLIDAYS

DO YOU HAVE A DISABILITY? YES NO

IF YES, PLEASE DESCRIBE _____

WHAT ARE SOME CHARACTERISTICS OF YOURSELF THAT MAKE YOU UNIQUE AND DEFINE YOU? _____

WHAT ARE YOUR HOBBIES/SPECIAL INTERESTS? _____

THREE ADJECTIVES THAT WOULD DESCRIBE MY PERSONALITY: _____

A SHORT DESCRIPTION OF MYSELF _____

Your Prospective Spouse

AGE RANGE

MIN _____ MAX _____

HEIGHT RANGE

MIN _____ MAX _____

ARE YOU OPEN TO DATING (CHECK ALL THAT APPLY) NEVER MARRIED DIVORED WIDOWED BAAL TESHUVA

CHILD OF BAAL TESHUVA CONVERT SFARDI ASHKENAZ KOHEIN INDIVIDUAL WITH A BEARD WITH CHILDREN

INDIVIDUAL WITH A DISABILITY

IF YOU ARE OPEN TO DATING AN INDIVIDUAL WITH A DISABILITY PLEASE EXPLAIN THE PARAMETERS : _____

PREFERRED HEAD COVERING OF SPOUSE? NONE FULLY WITH WIG HEADSCARVES

ARE YOU SEEKING AN INDIVIDUAL WITH A COLLEGE DEGREE? YES NO INDIFFERENT

WHAT PROFESSIONS OF A POTENTIAL SPOUSE RESONATE WITH YOU? (LIST 3) _____

PREFERRED FREQUENCY OF TORAH STUDY: DAILY FULL TIME BI WEEKLY INDIFFERENT

DO YOU FIND YOU CONNECT BETTER WITH SOMEONE WHO WENT TO A SPECIFIC YESHIVA/SEMINARY? YES NO

IF YES, PLEASE LIST:

DO YOU FIND YOU CONNECT BETTER WITH A GIRL WHO IS MORE SOPHISTICATED? OR SIMPLER/ YET PUT TOGETHER?

WHAT ARE THE THREE TOP QUALITIES YOU SEEK IN A MATCH?

WHAT ARE YOU *NOT* LOOKING FOR IN A MATCH?

WHAT DESCRIPTION IN A PROFILE WOULD INTEREST YOU TO CONSIDER AN IDEA?

Personal References

RABBI/REBBETZINS YOU ARE CURRENTLY CONNECTED WITH:

| | | |
|-------|----------------------|------------------------|
| NAME | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| EMAIL | | |

OTHER REFERENCES:

| | | |
|-------|---------------------------|------------------------|
| NAME | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| EMAIL | RELATIONSHIP TO REFERENCE | |

2ND REFERENCES:

| | | |
|-------|---------------------------|------------------------|
| NAME | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| EMAIL | RELATIONSHIP TO REFERENCE | |

WHO SHOULD WE CONTACT IN ORDER TO SET UP A SHIDDUCH?

MYSELF

OR NAME: _____ CITY/STATE: _____ PHONE NUMBER: _____

HOW DID YOU HEAR ABOUT US? _____