



LEADERSHIP DEVELOPMENT INSTITUTE 2.0

Please fill out all fields. Once you have finished, please return it to me, Laurie Siegel, lsiegel@jewishrockland.org by June 30, 2020. Thank you!

PARTICIPANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail _____

How do you prefer to be contacted? (check one)

Home phone Cell phone Text E-mail

Your profession: _____

Your institution/organization: _____

Your involvement there: _____

Name three things that inform your Jewish identity (i.e., mezuzah, seder, Friday night dinner, Israel, etc.)

1. _____

2. _____

3. _____

What do you do best as a leader? (what's your superpower?) _____

From where do you get your information/news about the Jewish world? (i.e., CNN, NY Times, Jewish Standard, etc.) _____