

**Jewish Federation of Greater New Orleans
Jewish Newcomers Questionnaire**

We are thrilled that you have chosen the Greater New Orleans area as your new home! It is a wonderful time to be in the Crescent City, as there are many positive changes happening throughout our community. This questionnaire is designed to be used by the Jewish Federation of Greater New Orleans to gain accurate information about people that are arriving in our community, so that we will be able to better serve our Jewish population.

After this questionnaire is completed and reviewed, our Next Gen and Newcomers Manager will contact you to set up a meeting. *All newcomers must meet with the Next Gen and Newcomers Manager before any benefits are given.*

Please fill out the form with as many details as possible.

Date Completed (mo/day/year) _____

Applicant Name _____

Age _____ **Date of Birth** (mo/day/year) _____

Marital Status _____ **Religion of Partner (if applicable)** _____

Other Household Members:

Name _____ Relationship _____ Age _____ Date of Birth _____

Name _____ Relationship _____ Age _____ Date of Birth _____

Name _____ Relationship _____ Age _____ Date of Birth _____

Have you already relocated to the Greater New Orleans area?

If YES:

When did you move? (mo/day/year) _____

In what city were you living prior to moving to GNO? _____

If NO:

When do you plan to move? (mo/day/year) _____

Where are you moving from? _____

CONTACT INFORMATION

If currently residing in Greater New Orleans:

Current Greater New Orleans Home Address:

Street Address _____

City, State, Zip Code _____

Are you currently employed? _____

If YES, what is your Occupation? _____

Who is your Employer? _ Full-time / Part-time? _____ part-time _____

Current Work Address:

Employer _____

Street Address _____

City, State, Zip Code _____

Spouse/Other Household Members' Occupation and Work Address:

Occupation _____

Employer _____

Street Address _____

City, State, Zip Code _____

If NOT currently residing in New Orleans:

Current Home Address:

Street Address _____

City, State, Zip Code _____

Are you currently employed? _____

If YES, what is your Occupation? _____

Who is your Employer? _____

Full-time / Part-time? _____

Current Work Address:

Employer _____

Street Address _____

City, State, Zip Code _____

RELOCATION TO NEW ORLEANS

Have you ever lived in New Orleans? Is YES, when? _____

Do you have other family or friends in the Greater New Orleans area? _____

If YES, who? _____

How long do you plan to live in the Greater New Orleans area? Please circle or highlight.

0 – 1 year 1 – 2 years 2 – 3 years 3+ years Other _____

What are the 3 major reasons for your move to the Greater New Orleans area?

1) _____

2) _____

3) _____

RELIGION

Religious/Spiritual Background: Please circle or highlight.

Reform Conservative Orthodox Reconstructionist Other

Describe your religious background

Are you or anyone in your household currently a member of a synagogue? _____

If YES, Name(s) of Member(s) _____

Name of Synagogue _____ Denomination _____

Street Address _____

City, State, Zip Code _____

Did you participate in Taglit-Birthright Israel, MASA or other Israel program? _____

If YES, which one and when? _____

EDUCATION

What is the highest level/degree of education that you have completed? _____

School _____ Date of Graduation _____

Degree _____ Concentration _____

REFERENCES

Please list three references and their contact information:

1. _____
2. _____
3. _____

COMMUNITY INVOLVEMENT

What services are you interested in during your transition to the Greater New Orleans area?

- | | |
|--|--|
| <input type="checkbox"/> Membership in Synagogue | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Membership at JCC | <input type="checkbox"/> "Next Gen" 20's and 30's Activities |
| <input type="checkbox"/> National Council of Jewish Women | <input type="checkbox"/> Professional Networking |
| <input type="checkbox"/> Hadassah | <input type="checkbox"/> Programs for Interfaith Couples |
| <input type="checkbox"/> Jewish Day School | <input type="checkbox"/> LGBT Activities |
| <input type="checkbox"/> Jewish Camp and/or Youth Activities | <input type="checkbox"/> Other: (Please specify) |
| <input type="checkbox"/> Jewish Pre-School and Daycare | _____ |
| <input type="checkbox"/> Adult/Continuing Education | _____ |
| <input type="checkbox"/> Job Search Assistance | |

What are your interests/hobbies?

How did you hear about the Newcomers Program?

Friend _____ If so, who: _____ Family _____ Synagogue _____
JCC _____ Website _____ Other _____

Would you be interested in having a place to go for the holidays/shabbat?

Yes _____ No _____

ADDITIONAL CONTACT INFORMATION:

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Spouse's Phone _____

**Thank you for completing this questionnaire.
Please return to Michelle Neal
Email: Michelle@jewishnola.com Phone: 504-780-5604
Mailing Address: c/o The Jewish Federation of Greater New Orleans
3747 West Esplanade Avenue, Metairie, LA 70002**

Jewish Journey

Before your Newcomer Meeting, we at the Jewish Federation would like to get to know more about your Jewish story. In one or two paragraphs, please tell us about your Jewish journey. Here are a few topics to get you started, and feel free to substitute with your own: Tell us about your trip to Israel. Tell us about your bar/bat mitzvah. How do you celebrate your favorite Jewish holiday? What's your favorite "Jewish" food (examples: matzoh ball soup, latkes, kibbeh)? Remember, there's no such thing as a wrong answer. We look forward to learning more about you!