

Cantorial Placement Commission of the Conservative Movement Congregational Questionnaire

Cantors Assembly Placement Office
55 South Miller Road, Suite 201
Fairlawn OH 44333-4168
Telephone: 330.864.8533 x201
E-Mail: teriwoodruff@cantors.org
Fax: 330.864.8343

Date: _____

Congregation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Fax: _____

Website: *Where can I look on the Web for
info about the local Jewish community?* _____

Name of Search Committee Chair: _____

Search Committee Chair's E-Mail: _____

Search Committee Chair's Phone _____

Name of Congregation President: _____

President's E-Mail: _____

PERSON AUTHORIZED TO RECEIVE RECOMMENDATIONS:

Name: _____

Position: _____

E-Mail Address: _____

Business Address: _____

City, State Zip _____

Business Phone: _____

Business Fax: _____

Home Address: _____

City, State Zip _____

Home Phone: _____

Home Fax: _____

I prefer to receive mail at: ☐ Home

☐ Business

COMMUNITY PROFILE:

Other Jewish agencies and facilities:

Jewish Community Relations Council _____	Provisions for Kosher Food _____
Jewish Home for the Aged _____	Federation and Welfare Fund _____
Independent Living for Senior Citizens _____	How many other synagogues? _____
How many other Conservative congregations are in your community? _____	Mikveh? _____

What are the other major institutions in your community?

What are the colleges and universities in your area?

Is there a Solomon Schechter or other High School in your community?

Is there a Jewish all-day school in or near your community? If yes, where?

POPULATION IN COMMUNITY

Total Population: _____ Jewish Families: _____ Jewish Individuals: _____

CONGREGATIONAL STATISTICS

Number of member units today: _____ (total)
Families _____ Single Members _____ Children (age 0-4) _____ Children (age 5-13) _____

Age Distribution is: _____

Number of member units 5 years ago: _____ (total)
Families _____ Single Members _____ Children (age 0-4) _____ Children (age 5-13) _____

Future Demographic Projections are: _____

Date Synagogue Founded: _____

Are you affiliated with United Synagogue? _____

If not, what is the name of the organization with which you are affiliated? _____

Is there a synagogue building? (if yes, when was it built?) _____

SYNAGOGUE FACILITIES

Number of permanent seats in sanctuary: _____ Sanctuary expandable to: _____

Number of Classrooms: _____ Number of Offices: _____

Please check all that apply:

<input type="checkbox"/> Social Hall/Auditorium	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Library
<input type="checkbox"/> Youth Lounge	<input type="checkbox"/> Rabbi's Study	<input type="checkbox"/> Hazzan's Study
<input type="checkbox"/> Day Care	<input type="checkbox"/> Other: _____	

(8) OTHER PROFESSIONAL STAFF

<input type="checkbox"/> Rabbi	<input type="checkbox"/> Assistant Rabbi	<input type="checkbox"/> Educator or Principal
<input type="checkbox"/> Executive Director	<input type="checkbox"/> Organist	<input type="checkbox"/> Ritual Director
<input type="checkbox"/> Secretarial	<input type="checkbox"/> Youth Director	<input type="checkbox"/> Choir Director
<input type="checkbox"/> Other: _____		

RELIGIOUS SCHOOLS

Do you have a weekday Hebrew School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many days per week?	_____	
How many pupils?	_____	
Do you have a Sunday School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a High School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many B'nai Mitzvah per year?	_____	
Are there tutors for B'nai Mitzvah?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RELIGIOUS SERVICES AND AUXILIARY ACTIVITIES

What prayer book does the synagogue use for:

Sabbath and Festivals:	_____
Daily Services:	_____
High Holy Days:	_____

What is the adult attendance at services without a Bar or Bat Mitzvah?

Kabbalat Shabbat: _____	Festivals: _____	High Holy Days; _____
Shabbat Morning: _____	Daily Morning Minyan: _____	Daily Evening Minyan: _____

RELIGIOUS SERVICES AND AUXILIARY ACTIVITIES CONT.

What is the participation of **women** in services?

Aliyot: _____ Count in Minyan: _____ All Torah Honors: _____
Board Members: _____ Congregational Officers: _____ Committees: _____
Other: _____

What is the type of Torah reading?

Full Kriah: ☐ Triennial: ☐ Torah is read by: _____

Hazzan officiates with:

Organ: ☐ Professional Choir: ☐ Volunteer Choir: ☐

Use of instrumentation:

Friday Evening: _____ Sabbath Morning: _____ Festivals: _____ High Holy Days: _____

Attendance at Youth and Children's Services? ☐ Yes ☐ No

USY Membership? ☐ Yes ☐ No

Men's Club Membership? ☐ Yes ☐ No

Sisterhood Membership? ☐ Yes ☐ No

Kadimah, pre-high school, youth group membership? ☐ Yes ☐ No

Name of present Rabbi: _____ Years served: _____

Name of preceding Rabbi: _____ Years served: _____

Name of present Hazzan: _____ Years served: _____

Name of preceding Hazzan: _____ Years served: _____

SYNAGOGUE MISSION

What are the three primary goals of your synagogue?

What are your synagogue's strengths?

What are your congregation's weaknesses?

The three most important issues to confront your synagogue in the next five years will be:

SYNAGOGUE MISSION CONT.

What three qualities are most important to you in your new Hazzan?

The three most important priorities of our Hazzan should be:

REMUNERATION

NOTE: We cannot process your application without the completion of this section. You must provide specific figures. Do not write “negotiable.”

Proposed Salary Range: _____ to _____

Pension Contribution: _____

In addition, the congregation offers the following benefits (check all that apply):

☐ Medical-Hospitalization ☐ Convention Allowance ☐ Major Medical Insurance

☐ Organizational Dues ☐ Sabbatical ☐ Car Allowance

☐ Life Insurance ☐ Entertainment Allowance ☐ Books and Periodicals

☐ Social Security Reimbursement ☐ Income-Disability Insurance

☐ Other: _____

Housing:

Is housing provided by the Congregation?

☐

Yes

☐

No

If yes, how far is it from the synagogue? _____

If not, what is the average cost of housing? _____

What type of housing is available? _____

Is affordable housing available within walking distance of the synagogue?

☐

Yes

☐

No

What are the housing arrangements with the current Hazzan?

[type answer here]

Thank you for completing the Congregational Questionnaire. At the Cantorial Placement Commission, we are committed to doing our best to assist you during your search. Once again, if you have any questions or concerns, please feel free to contact us.

If so desired, additional job description or documentation may be sent to teriwoodruff@cantors.org.

Our congregation agrees to search for a Cantor through the Cantorial Placement Commission of the Conservative Movement. As the Cantors Assembly charges no fee for this service, we understand that in return the Cantors Assembly requires congregations to search for a Cantor exclusively through its Placement Commission for an initial period of three months.*

During this three-month exclusive listing period, we will only interview cantors whose resumes are sent to us by the Cantors Assembly and will not seek candidates through any other means, including, but not limited to, an agent, agency, advertisement or through social media.

At the end of this three-month period, should we elect to broaden our search to include applications from non-Cantors Assembly candidates, we will so notify the Cantors Assembly. If we elect to bring a non-Cantors Assembly member to our synagogue for an in-person interview, we will, likewise, promptly inform the Cantors Assembly (the Cantors Assembly does not require that the names of such candidates be shared).

We further commit, throughout this process, to provide ongoing and timely updates to the Placement Commission on the status of our search. We also understand that the Cantorial Placement Commission may deny service to a congregation should ethical or Halachic concerns arise.**

By submitting this form, the congregation and its representatives agree to abide by these placement rules.

Signature (or Digital Signature) of Authorized Representative: _____

Date: _____

*In extenuating circumstances for which a congregation can demonstrate compelling reasons that it cannot abide by the exclusivity provision, a waiver may be requested.

**Please be aware that a severance dispute with your current or former Hazzan may cause a delay in our ability to forward Cantors Assembly candidates. Should there be such a conflict, we urge you to resolve the matter amicably and as quickly as possible.