

***VOL UNTAR Y SELF-IDENTIFICACION***

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND SEPARATE  
FROM YOUR PERSONNEL FILE.**

**PLEASE PRINT**

**Name:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**RACE/ETHNICITY:**

*Please check one of the descriptions below corresponding to the ethnic group with which you identify:*

- \_\_\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- \_\_\_\_\_ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- \_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- \_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- \_\_\_\_\_ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- \_\_\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- \_\_\_\_\_ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

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**GENDER IDENTITY:**

*Please choose among the descriptions below corresponding to your gender identity:*

Is your current gender identity different from the gender you were assigned at birth? **(Yes/No)**

Are you/do you identify as transgender? **(Yes/No)**

What best describes your gender identity? **(Female/Male/Other)**

If you identify as transgender, are you open about your gender identity? **(Yes/Partially/No)**

**SEXUAL ORIENTATION:**

*Please check one of the descriptions below corresponding to your sexual orientation:*

\_\_\_\_\_ **Bisexual**

\_\_\_\_\_ **Gay man**

\_\_\_\_\_ **Gay woman/Lesbian**

\_\_\_\_\_ **Heterosexual/straight**

\_\_\_\_\_ **Other**

\_\_\_\_\_ **Prefer not to say**

**Thank you for your participation.**