

# Voluntary Demographic Diversity Survey

**Instructions:** This survey is voluntary. The information collected is used to assist in our commitment to diversity, equity, and inclusion. Please print this form and fill out the fields below. You may leave any question blank if you prefer not to answer.

## 1. Gender Identity

How do you describe your gender identity?

Gender Identity:

## 2. Race and Ethnic Identification

How do you describe your race or ethnicity?

Race / Ethnicity:

## 3. Age Group

What is your age or age range?

Age / Age Range:

## 4. Veteran Status

Please indicate your military or veteran status (e.g., Veteran, Active Duty, No Military Service).

Veteran Status:

## 5. Disability Status

Do you identify as an individual with a disability?

Disability Status:

## 6. Sexual Orientation

How do you describe your sexual orientation?

Sexual Orientation: