

*To ensure that the citizens of the Commonwealth are represented appropriately within our boards and commissions, the MA Department of Public Health kindly requests that you submit information about your gender, race/ethnicity identity and geographic location when submitting your application for review. Submission of demographic information is completely voluntary. Please fill out the survey, below:*

Name:

Board/Commission Name:

1. **Are you Hispanic/Latinx? Latinx is a gender-neutral term to refer to a Latino/Latina person.**

[ ]  Yes

[ ]  No

[ ]  I prefer not to answer

1. **What is your ethnicity? (You can specify one or more). Ethnicity represents your ethnic origin or descent, heritage, or nationality or the place of birth of you or your ancestors.**

|  |  |
| --- | --- |
| [ ]  African (specify country \_\_\_\_\_\_\_\_\_\_)[ ]  African American[ ]  Albanian[ ]  American[ ]  Armenian[ ]  Brazilian[ ]  Cambodian/Khmer[ ]  Canadian[ ]  Cape Verdean[ ]  Caribbean Islander (specify \_\_\_\_\_\_\_\_\_\_\_\_)[ ]  Chinese[ ]  Colombian[ ]  Cuban[ ]  Dominican[ ]  English[ ]  Filipino[ ]  French[ ]  German[ ]  Greek[ ]  Guatemalan[ ]  Haitian | [ ]  Honduran[ ]  Indian /Asian Indian (from/family from India)\*[ ]  Irish[ ]  Italian[ ]  Japanese[ ]  Korean[ ]  Laotian[ ]  Mexican, Mexican American, Chicano[ ]  Middle Eastern (specify )[ ]  Native American[ ]  Polish[ ]  Portuguese[ ]  Puerto Rican[ ]  Russian[ ]  Salvadoran[ ]  Scottish[ ]  Swedish[ ]  Ukrainian[ ]  Vietnamese [ ]  Other not named above  (specify )[ ]  Unknown[ ]  I prefer not to answer |

1. **What is your race? (You can specify one or more)**

[ ]  American Indian/Alaska Native (specify tribal nation )

[ ]  Asian

[ ]  Black

[ ]  Native Hawaiian or Other Pacific Islander (specify )

[ ]  White

[ ]  Other (specify )

[ ]  I prefer not to answer

1. **What is your current gender identity? Check all that apply regardless of sex assigned at birth**

[ ]  Male

[ ]  Female

[ ]  Nonbinary, Genderqueer not exclusively male or female

[ ]  I am questioning/not sure of my gender identity

[ ]  I don’t understand what this question is asking

[ ]  I prefer not to answer

1. **Are you transgender or of transgender experience?**

[ ]  Yes

[ ]  No

[ ]  I am questioning/not sure

[ ]  I don’t understand what this question is asking

[ ]  I prefer not to answer

1. **Which of the following best describes your sexual orientation?**

[ ]  Asexual

[ ]  Bisexual and/or pansexual

[ ]  Lesbian or gay

[ ]  Heterosexual (straight)

[ ]  Queer

[ ]  Questioning/I am not sure of my sexuality

[ ]  Other, specify:

[ ]  I don’t understand what this question is asking

[ ]  I prefer not to answer

1. **Have you ever served in the military?**

[ ]  I don’t understand what this question is asking

[ ]  No

[ ]  I prefer not to answer

1. **Do you have a disability and/or a physical, mental, or emotional condition that has lasted a**

year or longer? (This may include conditions that affect caring for oneself, performing manual tasks, seeing, hearing, eating sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.) consider yourself a person with a disability?

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  I prefer not answer

1. **What is your current professional geographic location (city, county)?**

1. **What is your current residential geographic location (city, county)?**