



CONFIDENTIAL Voluntary Demographic Questionnaire

Minneapolis seeks to increase diversity on boards and commissions; diversity in terms of: racial, economic, age, gender, geographic, sexual orientation, ownership, disability, and education attainment. Your answers on this form help us determine the success of our efforts. **You are not required to provide this information, however your cooperation is appreciated and valued. Your information is kept strictly confidential and when reported, will not identify any individual. In addition, this information is not used in determining appointments to boards and commissions.**

Name of Board, Commission, Committee, or Task Force: _____

Do you live in Minneapolis?

Yes No

Which ward do you live in?

Ward

How long have you lived in your current home?

Years

Do you rent or own?

Rent Own

Are you registered to vote?

Yes No

How do you identify your gender?

Male
 Female
 Transgender
 Another way: _____

How do you describe your sexual identity?

Asexual
 Bisexual, Gay, Lesbian, Queer
 Straight/heterosexual
 Another way: _____

Do you have a sensory, physical, or mental disability?

Yes No

If yes, into which category does your disability fall?

Mobility Speech
 Sight Developmental
 Hearing Other: _____

How did you hear about this board or commission vacancy?

City of Minneapolis website
 News release from local media
 Neighborhood or community organization
 Boards & commission subscribed e-mail
 Ward Newsletter
 Personally invited to apply
 Social media
 Other: _____

Which category represents your age?

18 to 24 years 55 to 64 years
 25 to 39 years 65 +
 40 to 54 years

What was your total household income in the previous year before taxes?

Less than \$25,000 \$75,000 to \$124,000
 \$25,000 to \$49,000 \$125,000 to \$199,000
 \$50,000 to \$74,000 \$200,000 +

What is your employment status? (Check all that apply)

Employed - full time Unemployed
 Employed - part time Self-employed
 Full time student Homemaker
 Retired Other: _____

What is the highest level of education you have completed?

Some high school Some college
 High school or GED College graduate
 Some technical school Post graduate
 Technical school graduate Other: _____

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What is your race/ethnicity? (Check all that apply)

American Indian/Alaska Native

What tribe(s) are you affiliated with?

- | | | |
|--|---|---|
| <input type="checkbox"/> Bois Forte | <input type="checkbox"/> Lower Souix | <input type="checkbox"/> Shakopee |
| <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Upper Sioux |
| <input type="checkbox"/> Grand Portage | <input type="checkbox"/> Prairie Island | <input type="checkbox"/> White Earth |
| <input type="checkbox"/> Leech Lake | <input type="checkbox"/> Red Lake | <input type="checkbox"/> Other, please specify: _____ |

Asian

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Japanese | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Lao | <input type="checkbox"/> Burmese |
| | | <input type="checkbox"/> Other, please specify: _____ |

Black/African American

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other West African, please specify: _____ |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other East African, please specify: _____ |
| <input type="checkbox"/> Oromo | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Other North African, please specify: _____ |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Sudanese | |

Hispanic or Latino origin, please specify country of origin: _____

Native Hawaiian or other Pacific Islander

White or Caucasian

Other race/ethnicity, please specify: _____

For statistical purposes, are you of Hispanic, Latino, or Spanish origin?

- Yes No

For statistical purposes, how do you identify your race/ethnicity? (Please select ONE option)

- African American/African-born
- American Indian/Native American
- Asian or Asian American
- White
- Other, please specify: _____