

KENTUCKY COOPERATIVE EXTENSION



UK MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT
 KSU COLLEGE OF AGRICULTURE, HEALTH, AND NATURAL RESOURCES

The purpose of this questionnaire/form is to gather race, ethnicity, and gender information about persons who apply and participate in this Extension/USDA program. The information you provide will not be used when reviewing any application or when determining whether you are eligible to participate in this program. This is a voluntary questionnaire. You are not required to give this information, but we hope you will because the information you give will be used to improve the operation of this program, to help Extension/USDA design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program for eligible persons. If you have previously provided your contact information, you only need to note your race, gender and ethnicity on the form. Your information will be kept private to the extent permitted by law. Thank you for your response.

Meeting: _____

Location: _____ Date: _____

Purpose: _____

| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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| Name | Address | Email | Race * | Gender ** | Hispanic *** |
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*W=White, B=Black or African American, A=Asian/Pacific Islander, N=Native American Indian/Alaska Native, M=Multi/Two or More Races,
 O=Other/Choose Not to Identify
 **M=Male, F=Female
 ***Y=Yes, N=No

(Disclosure of address, email, race, gender and/or ethnicity is voluntary)

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