

AA/EEO Data Collection Form Script and Instructions

The information collected using this form is for AA/EEO documentation purposes only and completion is voluntary.

Instructions for OSU Extension employees:

1. Type in the program information at the top of the form on the next page.
2. Click the "save as" button to save it to your computer (this button will not be visible on the printed form).
3. Click on the "print form" button to print (this button will not be visible on the printed form).
4. Copy enough forms for each participant.
5. Distribute forms to participants.
6. Read the script below.
7. Collect the completed forms.

To help increase the response rate, read the following script to participants after distributing the form.

Ohio State University Extension is committed to diversity and to ensuring equal opportunity for those wishing to benefit from our programs and services. We invite you to voluntarily disclose your race, ethnicity, and gender to help us monitor the effectiveness of our civil rights and affirmative action efforts. Neither the information provided, nor the decision not to provide it, will be used to determine eligibility for Extension programs and services or the benefits available through participation.



AA/EEO Data Collection Form

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Name of Program or Training: _____

Date: _____ **Location:** _____

Although the categories listed below may not represent your full identity or use the language you prefer, for the purpose of this form, please indicate which choices below most accurately describe your race, ethnic, and gender/gender identity. As disclosure is voluntary, you may indicate "Prefer not to answer". Please mark the line that best describes you for each category listed.

What is your race?

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
 Two or More Races
 Prefer not to answer

Are you Hispanic or Latino?

- Yes
 No
 Prefer not to answer

What is your gender?

- Female
 Male
 Prefer not to answer

How old are you?

- 17 or younger
 18 to 29 years old
 30 to 39 years old
 40 to 49 years old
 50 to 59 years old
 60 or older
 Prefer not to answer

Are you a Veteran?

- Yes
 No
 Prefer not to answer

Do you have a disability?

- Yes
 No
 Prefer not to answer

If you would like to be on the Extension mailing list, please complete the information below.

Check here if you are updating your existing contact information on file.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____

I am interested in news and programs for (check all that apply):

- 4-H Youth Development
 Agricultural and Natural Resources
 Community Development
 Family and Consumer Sciences



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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