

## 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: Energy Vision Advisory Committee (EVAC)

**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: \_\_\_\_\_

# CONFIDENTIAL

## Voluntary Demographic Questionnaire

**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: \_\_\_\_\_