VOLUNTARY DEMOGRAPHIC REPORTING

Print Name _____ **Applicant ID No**._____

Languages other than English – Please check all that apply.
(Proficiency sufficient to communicate with a client.)

- ❑ Amharic
- ❑ Arabic
- ❑ Bengali
- ❑ Bulgarian
- ❑ Cambodian
- ❑ Cantonese
- ❑ Chamorro
- ❑ Croatian
- ❑ Czech
- ❑ Danish
- ❑ Dutch
- ❑ Farsi/Persian
- ❑ Finnish
- ❑ French
- ❑ German
- ❑ Greek
- ❑ Gujarati
- ❑ Hebrew
- ❑ Hindi
- ❑ Hungarian
- ❑ Hmong
- ❑ Ilocano
- ❑ Indonesian
- ❑ Italian
- ❑ Japanese
- ❑ Korean
- ❑ Kurdish
- ❑ Lao
- ❑ Malayalam
- ❑ Mandarin
- ❑ Marathi
- ❑ Norwegian
- ❑ Oromo
- ❑ Persian
- ❑ Polish
- ❑ Portuguese
- ❑ Punjabi
- ❑ Russian
- ❑ Samoan
- ❑ Serbian
- ❑ Sign Language
- ❑ Somali
- ❑ Spanish
- ❑ Swedish
- ❑ Tagalog
- ❑ Tamil
- ❑ Telugu
- ❑ Thai
- ❑ Ukrainian
- ❑ Urdu
- ❑ Vietnamese
- ❑ Other*

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*Any languages listed as "Other" will not be listed on the WSBA directory

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OTHER VOLUNTARY CONFIDENTIAL INFORMATION

Individual gender, ethnicity, disability, and sexual orientation information is kept strictly confidential, and is used only in the aggregate for demographic analysis. Aggregate statistics are available by sending a request to questions@wsba.org.

Gender ❑ Male ❑ Female

Ethnicity/Race – Mark only one category that best describes you. (Written entries are not aggregated.)

❑ Black/African descent
- ○ African
- ○ African-American
- ○ European-African
- ○ South American-African
- ○ West Indian
- ○ Other African descent (please specify)

_____

❑ American Indian/ Native American/Alaskan Native
Tribal Affiliation (please specify)

_____
- ○ Enrolled
- ○ Not Enrolled

❑ Caucasian/ White

❑ Spanish/Hispanic/Latina/o
- ○ Cuban
- ○ Mexican, Mexican/American, Chicano
- ○ Puerto Rican
- ○ Other Spanish/Hispanic/Latina/o (please specify)

_____

❑ Asian
- ○ Chinese
- ○ Filipino
- ○ Japanese
- ○ Korean
- ○ South Asian
- ○ Vietnamese
- ○ Other Asian (please specify)

_____

❑ Pacific Islander
- ○ Native Hawaiian
- ○ Samoan
- ○ Guamanian or Chamorro
- ○ Other Pacific Islander (please specify)

_____

❑ Multi-racial

❑ Other (please specify)

_____

Do you have a disability? ❑Yes ❑No

Do you openly identify as a sexual minority, to include the following: gay, lesbian, bisexual, transgender?
❑Yes ❑No