Serving on Group Training
Registration Questionnaire

First and last name(s): __________________________________________ Phone #: _______________________________________

E-mail ____________________________________________________________

Please note that, while the responses to race, ethnicity, and primary language are indicated as “optional,” we are required to collect and report on this data to demonstrate that we are serving the diverse populations that exist within the United States. We ask you to please respond to these questions if you are comfortable doing so.

What is your primary language? (optional)  □  English  □  Spanish  □  Other ________________________________

How do you identify your ethnicity / race? (check all that apply)

□  American Indian or Alaska Native  □  Native Hawaiian or Other Pacific Islander
□  Asian  □  White
□  Black or African American  □  Some other race/ethnicity: _______________________
□  Hispanic/Latino

What is the best way to contact you?

□  Phone
□  E-mail
□  Text
□  Other: ___________________________