

NAME, ADDRESS, PHONE , EMAIL

Dear Undoing Racism Participant,

Thank you for taking the time to complete this survey. The questions add to the information that you provided when you registered for the Undoing Racism workshop. The goal is to create a solid data base for the Undoing Racism community. The information will be used to keep you posted about Undoing Racism activities, to help you network, to encourage organizing, and to otherwise allow us to keep in touch--and to give us a picture of who attends the work shops. It will only take you five minutes to complete this short information sheet online today or at your earliest convenience. You can skip any question and exit the survey at any time.

Thank you ,

Sandy Bernabei, Anti-Racist Alliance
Bob Schachter, National Association of Social Workers, NYC Chapter
Mary Pendergreene, Jewish Board of Family and Children's Services

1. Name and Address

Name:

Street

Apt

City/Town

State

Zip

2. Phone Numbers

Home

Office

Cell (optional)

3. Primary Email Address

Place of Employment:

4. Name and address of the Specific Program in the Organization in which you work (See next question for name and address of the Overall Organization which may differ from the Specific Program in which you work).

Name of Specific Program:

Street:

City/Town:

State/Province:

ZIP/Postal Code:

5. Name and Address of the Organization for which you work (even if it as the same as in Question #4)

Name of Organization:

Street:

City/Town:

State:

ZIP:

6. Is your organization/program in the public or the private sector?

- Public Sector
- Private Non-Profit Sector
- Private For Profit Section
- Other (please specify)

SERVICE AREA OF YOUR PROGRAM: Select the one area that applies to your work...

7. What is your PROGRAM's Specialized Service Area? If you work in an organization with many programs, PLEASE check the ONE AREA that applies to your specific Program.

Business and Industry

Child Care

Child Welfare

Children and Family Services

Communications (art, media, etc)

Community/Economic Development

Criminal Justice

Domestic Violence

Other (please specify)

Education (preschool, primary, secondary, adult)

Education, Higher (college, university)

Employment, Work Training

Food and Nutrition

Health Care

Housing, Homelessness

Immigration

Income Support

Legal Services

Mental Health

Philanthropy

Race Relations

Rehabilitation/Disability

Religion

Substance Abuse

Youth Services

CURRENT JOB TITLE: Please check only your Primary Position.

8. What is title of your current and primary position? Please check only your primary position from the following list.

- | | | |
|--|--|---|
| <input type="checkbox"/> Executive Director(CEO) | <input type="checkbox"/> Private Practitioner | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Associate /Assistant Executive Director | <input type="checkbox"/> Researcher | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> College Dean | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Program Coordinator/Manager | <input type="checkbox"/> Associate/Assistant Dean | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Senior Practitioner | <input type="checkbox"/> College Faculty (full time) | <input type="checkbox"/> Clerical/Secretarial |
| <input type="checkbox"/> Caseworker (MSW, BSW, Case Manager, other) | <input type="checkbox"/> School Teacher (pre-school, primary, secondary, adult ed) | |
| <input type="checkbox"/> Advocate/Organizer/Lobbyist | <input type="checkbox"/> Teacher's Aid | |
| <input type="checkbox"/> Other (please specify) | | |

9. Are you also a social work field instructor?

- Yes (if Yes please go to Q# 10)
 No (if No please go to Q# 11)

10. If you are field instructor at a social work school, please enter the name of the school (s) that you are currently affiliated with.

1.
2.
3.

11. In addition to your primary position, are you currently teaching part time at a college or university?

- Yes (if Yes please go to Q# 12)
 No (if No please go to Q# 13)

12. If your currently teach part-time, please indicate the name of the school or schools where you teach.

1.
2.
3.

Student Status

13. Are you currently a student?

Yes (If Yes, please go to Q# 14)

No (If No, please go to Q# 15)

14. If you are currently a high school, college, or university student, please indicate the name of your school.

Personal Characteristics

The People's Institute asks that we assure the best possible diversity of participants. You can assist us in knowing how we are doing by answering the following questions.

15. What is your age?

16. Which category best describes your gender?

Female

Male

Transgender

Other (please specify)

17. Which best describes your sexual orientation?

Heterosexual

Bisexual

Lesbian

Gay Male

Other (Please specify)

18. Please indicate category that best describes your "race."

19. Please indicate your ethnic background?

Participation in Undoing Racism Workshops

20. How many Undoing Racism Workshops have you attended?

0 (this is my first one)

1

2

3

More than Three

21. Dates Attended Undoing Racism Workshops? Start with most recent workshop that you attended and work back.

	Month (estimate)	Year	Not Sure
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 or more	<input type="text"/>	<input type="text"/>	<input type="text"/>

THANK YOU

Thank you for taking the time to complete this survey. Your time and effort will help to advance the Undoing Racism effort.