Smithsonian Institution

Optional Ethnicity, Race and Disability Survey Form for Volunteer Applicants

Name:_____ Date: _____

The Smithsonian is requesting ethnicity, race, and disability information to evaluate the effectiveness of the Smithsonian's search and recruitment efforts for volunteers. Provision of this information is strictly voluntary and will have no effect on your consideration for a volunteer position at the Smithsonian**.** The Smithsonian will use the information provided **for statistical reporting purposes only** and will not specifically identify any volunteer. All reports will be in the form of statistical/aggregate data which will be entered into the Smithsonian's Volunteer Records System. Statistical/aggregate data may also be shared with the Office of Personnel Management to meet certain reporting requirements. We request that you provide accurate responses because false responses damage the statistical value of the Smithsonian's reporting. The Smithsonian will keep the information that you provide in the strictest confidence.

1. Provide your birth date _____/_____/_____

2. Self-identification of race or ethnicity: Regardless of your answer to 2a, go to question 2b.

a. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

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	A	No answer
	B	Yes
	C	No

b. Racial Category: (Check as many as apply)

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	0	No answer	I do not wish to identify my race status
	1	American Indian or Alaska Native	A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Tribal Affiliation:
	2	Asian	A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
	3	Black or African American	A person having origins in any of the black racial groups of Africa
	4	Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	5	White	A person having origins in any of the original peoples of Europe, North Africa or the Middle East

OVER

3. Self-identification of disability: Write in applicable code here: _____

DEFINITION OF A DISABILITY: An individual with a disability: A person who:
(1) has a physical impairment of mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities;
(2) has a record of such impairment; or
(3) is regarded as having such an impairment.

TARGETED/SEVERE DISABILITIES:	**OTHER DISABILITIES:**
18 – Total deafness in both ears (with or without understandable speech 21 – Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception 33 – Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs) 69 – Partial paralysis (because of a brain, nerve, or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts) 79 – Complete paralysis (because of a brain, nerve, or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts. 82 – Epilepsy 90 – Severe intellectual disability 91 – Psychiatric disability 92 – Dwarfism **OTHER OPTIONS:** 01 – I do not wish to identify my disability status 05 – I do not have a disability 06 – I have a disability but it is not listed on this form.	15 – Hearing impairment/hard of hearing 22 – Visual impairments (e.g., tunnel or monocular vision or blind in one eye) 26 – Missing extremity (one hand or one foot) 40 – Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects etc.) 41 – Spinal abnormalities (e.g., spina bifida, scoliosis) 44 – Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51 – HIV Positive/AIDS 52 – Morbid Obesity 61 – Partial Paralysis of one hand, arm, foot, leg, or any part thereof 70 – Complete paralysis of one hand 80 – Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery 83 – Blood diseases (e.g., sickle cell anemia, hemophilia) 84 – Diabetes 86 – Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.) 88 – Cancer (present or past history) 93 – Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks 95 – Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.) 98 – History of alcoholism 13 – Speech impairment – includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of layrngectomy 94 – Learning disability – a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)