Demographic Questionnaire: Del Norte County Recreation Department
Directions: Please make sure a questionnaire is filled out for each registered participant. If you need an extra copy please let us know. Thank you and we appreciate your feedback.

The following information requested here is voluntary and will assist the Recreation Department with accurately compiling required statistical reports for state funding. This information will be kept confidential and separate. None of the information will be released to anyone in the program and will never be used to discriminate against any individual.

1. Name (First name, last name)
2. Date of Birth:
2. Residential Address:
4. Gender:

(Select only one.)

- ❑ 0-5
- ❑ 6-15

3. Participant's Address:
4. Please indicate whether the participant is homeless.

- ❑ Yes
- ❑ No
- ❑ Prefer not to answer

5. Which school is the participant currently enrolled in.
6. Participant's Race:

- ❑ African/African American/Black
- ❑ Asian
- ❑ Pacific Islander
- ❑ Hispanic/Latino
- ❑ White/Caucasian
- ❑ American Indian/Alaskan Native
- ❑ More than one race
- ❑ Other
- ❑ More than one Race
- ❑ Prefer not to answer

7. Participant's Ethnicity:

- ❑ Hispanic/Latino
- ❑ Non-Hispanic/Non-Latino
- ❑ More than one ethnicity
- ❑ Prefer not to answer

8. Does the Participant have a disability?

- ❑ No, my participant does not have any of these disabilities
- ❑ Difficulty seeing
- ❑ Difficulty hearing or having speech understood
- ❑ Other communication disability
- ❑ Learning Disability

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- ❏ Developmental disability
- ❏ Dementia
- ❏ Other mental disability
- ❏ Physical/mobility disability
- ❏ Chronic health condition/chronic pain
- ❏ Other
- ❏ Prefer not to answer

9. Primary Language Spoken by the Participant?

- ❏ English
- ❏ Spanish
- ❏ Hmong
- ❏ Mandarin
- ❏ Tagalog
- ❏ Indigenous (Mixtec or other)
- ❏ American Sign Language
- ❏ Other
- ❏ Prefer not to answer

10. Participant's Gender Identity:

- ❏ Male
- ❏ Female
- ❏ Transgender male/trans man
- ❏ Transgender female/trans woman
- ❏ Gender queer/gender non-conforming
- ❏ Another gender identity
- ❏ Questioning/unsure of gender identity
- ❏ Prefer not to answer

11. Participant's Gender Assigned at Birth?

- ❏ Male
- ❏ Female
- ❏ Other
- ❏ Prefer not to answer

12. Participant's Sexual Orientation.

- ❏ Heterosexual or straight
- ❏ Gay or Lesbian
- ❏ Queer
- ❏ Bisexual/pansexual/sexually fluid
- ❏ Question/unsure
- ❏ Another sexual orientation
- ❏ Prefer not to answer

Thank you for completing this survey. By completing this questionnaire, you are supporting funding for recreational programs within Del Norte County. The completion of this questionnaire

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aids in the Department's efforts to ensure access to quality programs and recreational facilities in the future.

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