



School of Agriculture
Cooperative Extension Service

DATA COLLECTION FORM

(This form is for reporting purposes only and completion is voluntary)

Program/Training attended: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Race:

- American Indian or Alaskan Native
Asian or Pacific Islander
Black/African American
White
Multi-Racial (describe below)
Choose not to provide

Age:

- 39 years and under
40 and over

Gender:

- Female
Male

Are you a Veteran?

- Yes No

Ethnicity:

- Hispanic/Latino
Non Hispanic/Latino
Unidentified

Do you have a disability?

- Yes No

If you would like to be on our Mailing List, please complete the information below.

Check here if you are updating your existing contact information on our file.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am interested in news and programs for (check all that apply):

- 4-H Youth
Agriculture and Natural Resources
Family and Consumer Sciences
Computer Technology