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SUBMISSION OF THIS FORM IS VOLUNTARY

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CONFIDENTIAL – NOT FOR PUBLIC INFORMATION

**Non-Discrimination Data Supplemental Questions  
For Applicants to City Boards, Commissions and Committees**

Completion of this form is **VOLUNTARY**. When completed, the form is separated from your application prior to the application's submission to City Council. **Council and staff do not use the form in determining appointments.** Information provided on the form is treated confidentially and the form is forwarded to the Alexandria Office on Human Rights for compilation of statistics. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City's population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC's main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

For what Board, Commission, Committee  
or Authority are you applying? \_\_\_\_\_ Date of application? \_\_\_\_\_

Name: \_\_\_\_\_  
(Optional – including your name assists the HRC in not duplicating your data if you apply more than once.)

Do you live in the City of Alexandria? Yes  No

What is your race/ethnic origin? Please check all that apply.

- |   |   |
|---|---|
| a. American Indian or Alaskan Native <input type="checkbox"/> | e. Hispanic <input type="checkbox"/>  |
| b. Asian or Pacific Islander <input type="checkbox"/>         | f. Arab, Afghani or Middle-Eastern <input type="checkbox"/>                       |
| c. Black <input type="checkbox"/>                             | g. Other race or ethnic origin <input type="checkbox"/> (please specify)<br>_____ |
| d. White (not of Hispanic origin) <input type="checkbox"/>    |   |

What is your gender? Female  Male

What is your sexual orientation? Heterosexual  Gay/Lesbian  Bisexual/Other

Do you have a disability? Yes  No

If "Yes", briefly describe disability \_\_\_\_\_

How did you learn of the vacancy for which you are applying? Check one only.

- |   |   |
|---|---|
| a. TV <input type="checkbox"/>  | d. Newspaper <input type="checkbox"/> (specify) _____ |
| b. Referred by city employee or commission/board <input type="checkbox"/> | e. City's web site <input type="checkbox"/>           |
| c. Community Agency <input type="checkbox"/>                              | f. Other <input type="checkbox"/> (specify) _____     |