

# Staff and Board Profile Survey Template

[Organization Name and Logo]

Completed by:

Date:

## Organization's Diversity Statement:

### Overview

This survey helps us track representation and diversity within our organization. Tracking helps us self-reflect and identify our strengths as well as areas for growth related to our leadership, culture, practices, and work. Because terminology constantly evolves, surveys are often imperfect and fall short of offering a comprehensive image. However, they continue to be useful as a way to gather this information. If you have meaningful feedback about this survey, please reach out to XXXX.

Most of the questions are optional, and those that are mandatory include a "Prefer not to disclose" option. Your willingness to self-report helps us accurately assess our organization.

Though your individual responses are confidential, we may share aggregated summaries of the information collated from these surveys with our funders, supporters, and staff in reports and as part of our ongoing self-assessment and planning work.

### AGE:

What year were you born? (Mandatory)

### GENDER:

How do you identify? (Mandatory)

- Non-binary
- Transgender
- Man
- Woman
- Prefer to self-describe below
- Prefer not to disclose

Self describe: (Optional)

If you identify as non-binary or other than man or woman, are you open about your gender identity? (Optional)

- Yes
- Partially
- No

**ORIENTATION:**

How do you identify? (Mandatory)

Lesbian, gay, queer, bisexual, Two-Spirited

Heterosexual

Prefer to self describe below

Prefer not to disclose

Self describe: (Optional)

**RACE and ETHNICITY:**

Do you identify as a Black, Indigenous, or other person of color? (Mandatory)

Yes

No

Prefer not to disclose

If you answered yes, please describe your racial or ethnic identity below. (Optional)

**RELIGION or FAITH:**

Do you identify with any religions, faith groups, or spiritual practices? (Mandatory)

Yes

No

Prefer not to disclose

If you answered yes, please describe your religion, faith group, or spiritual practice below.  
(Optional)

**ABILITY**

Do you identify as someone living with a disability or chronic illness that requires support and/or accommodation? (Mandatory)

Yes

No

Prefer not to disclose

**EDUCATION:**

What formal education have you completed? Please check off all that apply. (Mandatory)

High School / GED or equivalent

Associates Degree

Trade Certification

3 or 4-year Undergraduate Degree

Post-secondary education (eg. Masters, PhD)

Other education not listed here

Prefer not to disclose

Do you consider yourself a first-generation college or university graduate? (Mandatory)

Yes

No

Prefer not to disclose

**CARETAKING**

Are you a parent or caretaker of any children? (Mandatory)

Yes

No

Prefer not to disclose

Are you a parent or caretaker for any adults (ie: elders or anyone living with a disability or illness)? (Mandatory)

Yes

No

Prefer not to disclose

**LANGUAGE**

Is English your primary language? (Mandatory)

Yes

No

Prefer not to disclose

If you answered no, what language(s) do you use? (Optional)

**GEOGRAPHY**

Do you primarily reside in a rural community? (Mandatory)

Yes

No

Prefer not to disclose

**MILITARY SERVICE**

Have you ever served on active duty for the U.S.'s armed forces (includes activation from the Reserves or National Guard)? (Mandatory)

Yes

No

Prefer not to disclose

Is there anything else you'd like us to know regarding how you identify?