

*Draft 05/12/16*

**Chesapeake Bay Program Demographic Profile**

**1. What type of organization do you currently work for?**

Local government \_\_\_\_\_ State government \_\_\_\_\_ Federal government \_\_\_\_\_

Non-governmental organization (NGO) \_\_\_\_\_ Faith-based organization \_\_\_\_\_

Private Sector \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**2. Within your organization, what is your role? Please choose one.**

Leadership/Management \_\_\_\_\_ Staff \_\_\_\_\_

Volunteer \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**3. Do you identify yourself as a member of CBP leadership? If yes, please select all that apply.**

Principal Staff Committee Member \_\_\_\_\_ Management Board Member \_\_\_\_\_

Goal Team chair/vice-chair \_\_\_\_\_

Workgroup chair/vice chair or co-chair \_\_\_\_\_

Advisory Committee chair/vice chair or co-chair \_\_\_\_\_

Other (please specify) \_\_\_\_\_

I do not identify myself as a member of CBP leadership \_\_\_\_\_

**4. How long have you been affiliated with the CBP organization?**

0-5 years \_\_\_\_\_

6-10 years \_\_\_\_\_

11-20 years \_\_\_\_\_

21-30+ years \_\_\_\_\_

**5. What is your gender?**

Male \_\_\_\_\_ Female \_\_\_\_\_

Gender nonconforming \_\_\_\_\_ Decline to state \_\_\_\_\_

**6. What is your age?**

18 to 24 \_\_\_\_\_ 25 to 34 \_\_\_\_\_ 35 to 44 \_\_\_\_\_ 45 to 54 \_\_\_\_\_

55 to 64 \_\_\_\_\_ 65 to 74 \_\_\_\_\_ 75 or older \_\_\_\_\_ Decline to State \_\_\_\_\_

**7. Which category(s) best describe you? Choose all that apply.**

Native American or Alaskan Native \_\_\_\_\_ Asian / Asian American \_\_\_\_\_

Black / African American \_\_\_\_\_ Hispanic / Latino /Latina \_\_\_\_\_

White / Caucasian \_\_\_\_\_

Multi-racial or multi-ethnic \_\_\_\_\_ (please specify)

Other (please specify) \_\_\_\_\_

Decline to state \_\_\_\_\_

**8. Do you identify as a member of the Lesbian, Gay, Bisexual, Transgender or Gender Nonconforming community?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to state \_\_\_\_\_

**9. Do you identify as a person who is disabled?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to state \_\_\_\_\_

**10. What Chesapeake watershed jurisdiction do you live in?**

Delaware \_\_\_\_\_ District of Columbia \_\_\_\_\_ Maryland \_\_\_\_\_ New York \_\_\_\_\_

Pennsylvania \_\_\_\_\_ Virginia \_\_\_\_\_ West Virginia \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**11. What landscape do you currently reside in?**

Urban \_\_\_\_\_ Suburban \_\_\_\_\_ Rural \_\_\_\_\_

Other (please specify) \_\_\_\_\_