Midwest Consortium for Hazardous Waste Worker Training

Community Participant Information

We appreciate you providing some information about yourself so we can continue to provide useful trainings that meet your needs.

Please complete each question.

1. **Have you taken a training with this organization before?**
   - ☐ Yes ☐ No

2. **How did you first learn about this program?** (select one)
   - ☐ Email
   - ☐ Social Media
   - ☐ Flyer/Poster/Printed material
   - ☐ Word of Mouth
   - ☐ Other: _____

3. **What do you expect to gain from this training?** (select all that apply)
   - ☐ I want to learn where to find information about hazardous substances
   - ☐ I want to be more prepared for disasters
   - ☐ I want to take action against toxic materials in my community
   - ☐ Other: _____

4. **What is your age?** (select one)
   - ☐ 16-19 ☐ 20-24 ☐ 25-44 ☐ 45-64 ☐ 65+ ☐ Prefer not to answer

5. **What is your gender?** (select one)
   - ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer

6. **What is your race and/or ethnicity?** (select one)
   - ☐ American Indian or Alaskan Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Middle Eastern or North African
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White
   - ☐ Multiracial and/or Multiethnic
   - ☐ Prefer not to answer

7. **What is your HIGHEST LEVEL of completed education?** (select one)
   - ☐ Elementary or some high school
   - ☐ High school graduate or equivalent
   - ☐ Post-high school training
   - ☐ Associate degree
   - ☐ Bachelor's degree
   - ☐ Graduate degree

8. **What language do you prefer to receive training in?** (select one)
   - ☐ English ☐ Spanish ☐ Other: _____

9. **Please provide your home zip code:** _____