

Undoing Racism Workshop Registration

Dear Undoing Racism Registrant,

Thank you participating in this Undoing Racism Workshop. It will only take you about five minutes to complete this short information sheet. The information you provide will give us a picture of who attends the work shop.

Thank you ,

Sandy Bernabei, AntiRacist Alliance

Bob Schachter, National Association of Social Workers, NYC Chapter

Mary Pender Greene, LCSW-R Psychotherapist, Private Consultant

Date of Workshop		Location of Workshop	
Name			
Address			
City		State	Zip
Email		Phone (primary)	

Specific Program		
Address		
City	State	Zip
Name of Overall Agency (if different)		

Undoing Racism Workshop Registration

Service Area of Your Specific Program (Please Select Just One)

- Child Welfare/Family Services
- Domestic Violence
- Education (preschool, primary, secondary, adult)
- Education Higher (college, university)
- Health Care/Wholeness/Nutrition
- Mental Health
- Religion
- Substance Abuse
- Youth Services
- Other

Your PRIMARY Job Title (Please Select One)

- Executive Director/CEO
- Program Director
- Program Coordinator/Manager
- Social Worker (MSW, BSW) / Case Manager
- Advocate/Organizer/Lobbyist
- College Faculty (full time/part time)
- School Teacher (pre-school, primary, secondary, adult ed)
- Student and/or Intern
- Religious Leader
- Other: _____

Are you also a social work field Instructor?

- Yes

Undoing Racism Workshop Registration

No

What is your age? _____

Which best describes your gender?

Female

Male

Transgender

Other

Which best describes your sexual orientation?

Heterosexual

Bi-Sexual

Lesbian

Gay Male

Other

Please indicate the category that best describes your race.

Please Indicate the category that best indicates you ethnic background.

How many Undoing Racism Workshop have you attended?

One (this is my first one)

Two

Three

Four or more