

**Program Participation Sign-In Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity: |  | Educator: |  |
| Location: |  | Activity Date/Length of program: |  |

**Thank you for participating in a program with UW Extension. Funding from USDA/NIFA makes Extension programs possible. This sign in sheet serves as data collection for equal opportunity and civil rights compliance. Completion is VOLUNTARY and will not affect your opportunity for participation and/or services.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Email Address** | **Telephone** | **Race\*** | **Gender**  **M/F/**  **Self Described** | **Hispanic**  **Y/N** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |

**\* Record race using the appropriate letter for the categories below:**

**W**=White **B**=Black or African American,

**A**=Asian, **N**=Native American Indian or Alaska Native,

**P**=Native Hawaiian or Other Pacific Islander,

**T**=Two or more races, **O**=Other Race

The University of Wyoming is committed to equal opportunity for all persons in all facets of the University's operations. All qualified applicants for employment and educational programs, benefits, and services will be considered without regard to race, color, religion, sex, national origin, disability or protected veteran status or any other characteristic protected by law and University policy.