\*Name

\*Email

\*Zipcode

\*Phone Number

AARP Foundation is the charitable affiliate of AARP, serving both members and non-members alike. AARP Foundation is working to end senior poverty by building economic opportunities for vulnerable older adults with programs like Work for Yourself@50+.

In order for us to best serve you, we ask that you complete the registration form. Your responses will be kept confidential. **Questions marked \* are required fields.**

1. Please indicate your current employment status
	1. Full-time employee of an organization or business
	2. Part-time employee of an organization or business
	3. Self-employed by business ownership
	4. Self-employed and by gig, contract, or freelance work
	5. Unemployed and unable to work
	6. Unemployed and looking for work
	7. Unemployed and not looking for work
	8. Retired and not working full or part-time
	9. Retired and working part-time

**Demographic Information.** AARP Foundation asks demographic questions to get a better understanding of who participates in our programs and how we can continue to better meet their needs. As a reminder, your responses are confidential.

1. \* In what year were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. \* Which of the following best describes your race (select all that apply)

|  |  |  |
| --- | --- | --- |
| American Indian or Alaska Native | Native Hawaiian or other Pacific Islander | Other (please specify) |
| Asian or Asian American | White or Caucasian | Prefer not to answer |
| Black or African American | Multi-Racial | Prefer to self-describe (please specify\_\_\_ )  |

1. \* Are you of Hispanic, Latino or Spanish origin or descent?
2. Yes
3. No
4. Prefer not to answer
5. \*What is your current gender identity? (Select all that apply)
6. Female
7. Male
8. Non-Binary
9. Prefer to self-describe (please specify\_\_\_ )
10. Prefer not to answer
11. \* Do you identify as LGBTQ? (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
12. Yes
13. No
14. Prefer not to answer
15. \* Do you have a permanent disability or chronic condition that hinders or limits the amount or kind of activities you can do?
16. Yes
17. No
18. Prefer not to answer
19. \* How many people (including yourself) are in your household? (select one)
20. 1 (yourself)
21. 2
22. 3
23. 4 or more
24. \* What is your household (HH) monthly income? Circle “yes or no.”
25. If HH size 1, “Is your monthly household income more than $2,700?”  [Yes, No]
26. If HH size 2, “Is your monthly household income more than $3,600?” [Yes, No]
27. If HH size 3, “Is your monthly household income more than $4,500?” [Yes, No]
28. If HH size 4 or more, “Is your monthly household income more than $5,500?” [Yes, No]
29. This event may be photographed or recorded. By attending this event, you grant AARP the right to use your name, image, and statements, as recorded and/or photographed, to promote AARP and release AARP from all liability associated with use of your name. [Yes, No]
30. Would you like us to keep in touch with you by email about AARP Foundation resources, activities, programs, events, and member benefits? [Yes, No]