



Voluntary Self Identification Form

Olathe Health is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To ensure compliance with these laws, Olathe Health invites associates to voluntarily self-identify race and ethnicity.

Submission of this information is voluntary; refusal to provide will not result in adverse action. The information is retained confidentially in Human Resources, and is used in accordance with applicable laws, executive orders, and regulations; including summarized reports to the federal government pursuant to the enforcement of civil rights. The identity of specific individuals is not included as part of the reporting.

Please complete the following information:

Legal Name: _____

Please indicate your ethnicity or race:

- Hispanic or Latino**
- White (not Hispanic or Latino)**
- Black or African-American (not Hispanic or Latino)**
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**
- Asian (not Hispanic or Latino)**
- American Indian or Alaska Native (not Hispanic or Latino)**
- Two or More Races (not Hispanic or Latino)**

Please indicate your gender:

- Male**
- Female**

Please indicate veteran status (if applicable):

- Protected Veteran (any of the following):**
 1. Disabled veteran
 2. Other protected veteran (veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
 3. Armed Forces service medal veterans (veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
 4. Recently separated veterans (veterans within 36 months of discharge or release from active duty)
- I am not a Protected Veteran**

Thank you for your participation.