

Statement of Non-Discrimination

Please read the statement below carefully, sign and date.

I certify that _____ (name of organization) has adopted, and adheres to, a written policy that prohibits discrimination against recipients of charitable services, volunteers, or in employment practices, on the basis of race, color, ethnicity, age, religion, sexual orientation, sex, gender identity, disability, national origin, ancestry, veteran or military status, marital status, family status, or genetic information and complies with all local, state and federal non-discrimination requirements.

_____ (Signature)

Chief Executive Officer

_____ (Date)