Statement of Non-Discrimination

Please read the statement below carefully, sign and date.

I certify that	(name of
organization) has adopted, and adhere	es to, a written policy that prohibits
discrimination against recipients of ch	aritable services, volunteers, or in
employment practices, on the basis of	race, color, ethnicity, age, religion,
gender, sexual orientation, gender idea	ntity, disability, national origin,
ancestry, veteran status, marital status	s, family status or genetic information
and complies with all local, state and fo	ederal non-discrimination
requirements.	
	(Signature)
Chief Executive Officer	(0.91101010)
(Date)	