

CERTIFICATE OF NON-DISCRIMINATION

The governing board of: _____ maintains the following policy of non-discrimination:

1. No person is excluded from agency programs or benefits because of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law.
2. There is no discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law with regard to hiring, assignment, promotion or other conditions of staff employment.
3. There is no discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law on the agency's governing body.

I certify that the practices of this organization conform to the policy of non-discrimination stated above.

Date

Typed or printed name of President or Board Chairperson

Signature of President or Authorized Official