

EMPLOYEE/VOLUNTEER STATEMENT OF UNDERSTANDING AND
COMPLIANCE WITH CIVIL RIGHTS LAWS.

By my signature below, I acknowledge that I fully understand and agree to comply with the policy of this organization that its employees, such as myself, with not discriminate in any way against any person because of RACE, COLOR, NATIONAL ORIGIN, DISABILITY, AGE (40 YEARS OR MORE), SEX (INCLUDING SEXUAL HARASSMENT/ORIENTATION), VETERAN STATUS, and/ RELIGION, where applicable.

I understand that this policy applies to all services or benefits rendered by this organization and its employees, and that it would be illegal to discriminate against any recipient of services or client because of these reasons.

Finally, I understand that any employee, recipient of services, or client has right to file a formal allegation of discrimination if they wish, and that it is my responsibility to direct any person, so wishing to file, to my program head or the designated Civil Rights Official.

I understand a copy of this form shall become a part of my personnel file.

Signature

Date

Organization