Sign and include with your request for Master Gardener Volunteers. Return to your local county University of Wisconsin-Extension office:

**Walworth County UW-Extension**
100 W. Walworth St.
P.O. Box 1001
Elkhorn, WI 53121

DO NOT return to the state program office.

**Assurance of Nondiscrimination**

University of Wisconsin Extension, which receives Federal financial assistance, cannot partner with or provide assistance to an organization that excludes any person on the basis of protected categories outlined in Civil Rights laws.

To assure compliance with this requirement, we ask that an officer or other appropriate representative of your organization sign and return the following statement on behalf of the organization to the above address. An organization is defined as a body of persons the University of Wisconsin Extension is presently working with or anticipates working with on a continuing or extended basis.

I certify that ____________________________ (name of organization) does not exclude, restrict, or deny any person membership or participation in its activities because of race, color, national origin, religion, sex, age, disability, sexual orientation, pregnancy, marital or parental status, arrest or conviction record, or military or veterans status.

When you return this form, please include a copy of the nondiscrimination policy of your organization.

Signature:

Your title in this organization:

__________

Date