



**Economic
Opportunity
Program, Inc.**

Strengthening the fabric of our community



LITERACY VOLUNTEERS OF CHEMUNG AND SCHUYLER COUNTIES

Americans with Disabilities Act

Signature Sheet

By signing below, I acknowledge that I have either read or had explained to me the Notice under the Americans with Disabilities Act.

I understand that if I have questions, concerns, or complaints, I should contact the EOP Human Resources Coordinator.

Signature of Service Recipient

Printed Name of Service Recipient

Date

Witness

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