COMMUNITY SERVICE VERIFICATION FORM

Name of APASO affiliated org: _____________________________________________

Who is filling out this form and what is your position?
______________________________________________________________________
______________________________________________________________________
                                                                                   
Phone: _________________________ E-mail: ________________________________
Name of volunteer organization you worked with: ______________________________
Name of service project coordinator: ________________________________________
Phone: _________________________ E-mail: ________________________________
What did your organization do?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

We will be calling the above referenced person in order to confirm your organization’s community service participation. It must be a valid phone number and/or e-mail address. If we are unable to contact them, your organization will be held fully responsible, and your accounts will be frozen. This form is to be completed and handed into the current APASO secretary or sent as an attachment via e-mail to the APASO e-mail address.