



**ALPHA KAPPA CHAPTER AT UNIVERSITY OF SOUTHERN CALIFORNIA**

**VERIFICATION OF OUTSIDE SERVICE HOURS**

APO Member Name: \_\_\_\_\_

Name of Organization Service Was Performed with: \_\_\_\_\_

Service Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Completed: \_\_\_\_\_  
(Please remember that only 6 of these hours may be counted towards your APO service hours requirement.)

Date Completed: \_\_\_\_\_

Verifier Name: \_\_\_\_\_

Relationship to Organization/Service Event: \_\_\_\_\_

Verifier Phone: \_\_\_\_\_

Verifier E-mail: \_\_\_\_\_

By signing below, you are verifying that the above named student completed the stated number of service hours to your satisfaction.

Verifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding Alpha Phi Omega, please e-mail [apo@usc.edu](mailto:apo@usc.edu).