



Alpha Phi Sigma | Alpha Sigma Alpha
Alpha Phi Sigma, the National Criminal Justice Honors Society
Volunteer Verification Form

Instructions: Please fill out the below information on the form by typing or writing it. **Illegible, incomplete, and unsigned/forged forms will not be accepted.** This form MUST be emailed to alphaphisigma.asu@gmail.com no later than the end of **each semester**. **For consistency, forms should NOT be submitted in person or mailed.** Students who do not submit this form by the deadline are in violation of their membership and may not receive regalia for commencement.

Current Semester (ex. Fall 2019): _____

Name: _____

Address: _____

City, State, and Zipcode: _____

Phone Number: _____

Local student

Non-local / Out-of-state student

Name of Agency: _____

Agency Address: _____

City, State, and Zipcode: _____

Your Signature: _____

Date: _____

Volunteer Date	Activity	Number of Hours

*****To be filled out by volunteer manager/supervisor only*****

Name: _____

Job Title: _____

Phone Number: _____

By providing your signature, you are verifying that the student completed the job duties / number of hours listed above.

Your Signature: _____

Date: _____

For office use only:

Current semester:	Continuing or graduating student:	Volunteer hours confirmed:	Initials:	Date:
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