

**Alpha Kappa Alpha Sorority, Incorporated®
Omega Zeta Omega Chapter**

Community Service Verification Form

TO: Alpha Kappa Alpha Sorority, Inc., Omega Zeta Omega Chapter –
Scholarship Committee

RE: Verification of Community Service

This letter is to verify that _____ completed _____ hours
(Student Name)

as a volunteer for _____ on
(Organization Name)

the following Date(s): _____

and should obtain community service credit for participating.

The Volunteer service consisted of the following tasks (**optional**):

Volunteer Director's Name

Email address

Volunteer Director's Signature