

Alpha Phi Omega
National Service Fraternity
Compliance of Risk Management Policies

Alpha Phi Omega places a high value on the dignity and worth of a human being. Therefore, I, the undersigned, have read the Risk Management Policies of Alpha Phi Omega. This policy can be found [here](#) or in the [National Bylaws](#).

Name	Initiating Chapter (Greek Name)	National# <i>(if known)</i>
Address	City, State Zip code	
Email Address	Preferred Contact Number	Home Cell Work
Volunteer Role/Position _____		

I hereby affirm my acknowledgment of these Risk Management Policies and its recognition that noncompliance of any of these policies has no place in Alpha Phi Omega.

X	
Signature	Date