

**SERVE YOUR COMMUNITY VOLUNTEER PROGRAM  
REGISTRATION INFORMATION**

Lake Land College Student Life  
5001 Lake Land Blvd, Mattoon, IL 61938-9366  
Office: 217-234-5277 Fax: 217-234-5390  
vlynch@lakelandcollege.edu



LAST NAME	FIRST NAME	MIDDLE	STUDENT ID
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CURRENT ADDRESS	CITY	STATE	ZIP CODE
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EMAIL	TELEPHONE	BEST WAY TO CONTACT
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MAJOR	DATE OF BIRTH
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Have you participated in this program in prior semesters? Y\_\_\_ N\_\_\_

If no, please complete and return the Waiver of Liability and Indemnification and Hold Harmless Agreement waiver along with this form.

I understand and agree to the following:

- 1) The credits earned from this program will not count towards graduation requirements.
- 2) The credits earned from this program will not count as transferrable.
- 3) The credits earned from this program will not count towards financial aid.
- 4) My hours must be turned into the Student Life Office by the final week of classes in order to be counted for the semester.

STUDENT'S SIGNATURE	DATE
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