

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

studentlife@lakelandcollege.edu



NAME: LAST	FIRST	MIDDLE	STUDENT ID NUMBER
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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 class for the semester in order to be counted for that semester.

STUDENT'S SIGNATURE	DATE
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