



PO Box 151, Whiteville, NC 28472
(910) 642-7141, ext. 294

**CONTINUING EDUCATION
Registration Form**

PLEASE PRINT CLEARLY						
Course Title & Section Number Basics in Volunteer Management (MLS-3710)			Beginning & Ending Date		Course Location Online (Prevatte)	
Last	First	Middle	Suffix	Social Security Number	Date of Birth (MM/DD/YY)	Age
Mailing Address				City	State	Zip Code
Telephone Home () Business ()			E-Mail Address		Gender (Check one) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	
Ethnic (Check one) <input type="checkbox"/> Hispanic/Latino (HIS) <input type="checkbox"/> Non Hispanic/Latino (NHS) <input type="checkbox"/> Nonresident Alien (NRA) <input type="checkbox"/> Mexican (MEX) <input type="checkbox"/> Puerto Rico (PR)			Race (Check one) <input type="checkbox"/> American/Alaska Native (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> Black OR African American (BL) <input type="checkbox"/> White (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP) <input type="checkbox"/> Korean (KO) <input type="checkbox"/> Nonresident Alien (NRA)			
Employment Status (Check one) <input type="checkbox"/> Retired (R) <input type="checkbox"/> Unemployed not seeking (UN) <input type="checkbox"/> Unemployed seeking employment (US) <input type="checkbox"/> Employed 1-10 hrs per wk (E1) <input type="checkbox"/> Employed 11-20 hrs per wk (E2) <input type="checkbox"/> Employed 21-39 hrs per wk (E3) <input type="checkbox"/> Employed 40 or more hrs per wk (E4)			Highest Education Level (Check one) <input type="checkbox"/> Non Graduate: Enter Highest Grade Completed 0 – 11 _____ <input type="checkbox"/> High School Graduate (12) <input type="checkbox"/> Associate Degree (15) <input type="checkbox"/> GED (-) <input type="checkbox"/> Adult High School Diploma (13) <input type="checkbox"/> Bachelor's Degree (16) <input type="checkbox"/> One-year Vocational Diploma (14) <input type="checkbox"/> Master's Degree or Higher (17)			
Fire, EMS, DOC and Law Enforcement Classes Only: Specify Agency/Department Name & Job Title: (Check one) <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer				(For Fire classes ONLY) I authorize the release of my academic transcripts to the NC Fire/Rescue Commission. Signature		
Title IX of the Education Amendments of 1972 prohibits discrimination and harassment based on sex. Violations should be immediately reported to the Executive Dean of Student Services. More information is available at www.sccnc.edu/about-scc/titleix/ . Students with documented disabilities who wish to receive accommodations must contact the Disability Counselor at 910-642-7141, ext. 263.						
By signing below, I certify to the best of my knowledge that all of the information given above is true and complete.						
Student Signature					Registration Date (MM/DD/YY)	

SUPPLEMENTARY RECEIPT FORM	
This is to certify that the following required fees were received from _____ for the above class. The fee was collected on section/roster number _____ by _____ Institutional Representative.	
Registration Fee _____ Insurance fee(s) _____ Other Fees (books, food, etc) _____	
Total Received _____ (Check one) <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____	
Student Sponsorship Information (If Applicable) Sponsor Name: _____ Amount Paid by Sponsor: _____	
Registration Refund Policy Refunds for Continuing Education courses are made as follows: 100% if requested before a course begins or if the course is cancelled; 75% if requested after a course begins, but before 10% of the total class meetings.	

An equal opportunity/affirmative action employer