



# CONTINUING EDUCATION REGISTRATION FORM

Dr. Melody Prevatte  
P.O. Box 151  
Whiteville, NC 28472  
(910) 642-7141

**Class Title** Basics In Volunteer Management **Course Section** MLS 3710

**Instructor:** M. Prevatte **Beg. Date** \_\_\_\_\_ **End. Date** \_\_\_\_\_

Have you enrolled in any other Continuing Education Class(es) this semester? Yes or No. If yes, please specify

Last Name:	First Name:	Middle Name:	Suffix:
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Preferred Name:	Mailing Address:	City:	State:	Zip code:
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Home Phone:	Business Phone:	Cell Phone:
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Social Security Number:	Date of Birth: (Month/Day/Year)	Age:	Gender: ( ) Male ( ) Female	Primary Language:
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E-mail Address: \_\_\_\_\_

<b>Ethnic: (circle one)</b> (HIS) Hispanic/Latino (NHS) Non Hispanic/Latino	<b>Race: (circle one)</b> ( AN ) American/Alaska Native      ( AS ) Asian ( BL ) Black or African American      ( HP ) Hawaiian/Pacific Islander ( WH ) White
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<b>Education (Circle Highest Grade Completed):</b> 1 2 3 4 5 6 7 8 9 10 11 12 (High School Graduate) -- GED 13 – Adult High School Diploma      14 - Post High School Vocational Diploma 15 – Associate Degree      16 – Bachelor’s Degree 17 – Master’s Degree or Higher	<b>Inmate:</b> ( ) No ( ) Yes
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<b>Employer:</b>  <b>Job Title:</b>	<b>Employment (Circle the appropriate number)</b> (E1) Employed 1 – 10 hrs/wk      (UN) Unemployed – not seeking employment (E2) Employed 11-20 hrs/wk      (US) Unemployed – seeking employment (E3) Employed 21-39 hrs/wk      (R) Retired (E4) Employed 40 hrs/wk
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<b>Last High School Attended</b>	<b>High School Graduate</b> ( ) Yes ( ) No ( ) GED ( ) Current High School Student (C) ( ) Adult High School Diploma (A)	<b>GRADUATION DATE</b>
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Email address: \_\_\_\_\_

***By signing below, I certify to the best of my knowledge that all of the information given above is true and complete.***

<b>Student Signature:</b> _____	<b>Registration Date:</b> (Month/Day/Year)
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### SUPPLEMENTARY RECEIPT FORM

This is to certify that \$ \_\_\_\_\_ **Cash or Check** (circle one) was received from \_\_\_\_\_ as registration fee, and/or insurance or other fees required for the above class. The fee was collected on section number \_\_\_\_\_ By \_\_\_\_\_ Institutional Representative

Revised 07/09