

LIBERTY UNIVERSITY
CHRISTIAN/COMMUNITY SERVICE (CSER) APPLICATION

Liberty University Christian Community Service Office- 1971 University Blvd, Lynchburg, VA 24502
Phone: (434) 582-2325 FAX: (434) 582-2660 E-mail: cser@liberty.edu

TYPE or PRINT (Must be *completely* filled in for consideration)

Semester of Service: Fall Spring Summer 20____

I. Personal Information

Name: (First, MI, Last) _____ ID# _____

E-mail: _____ Phone: () _____ LU Box#: _____

Off Campus/Home Address: _____

City: _____ State: _____ Zip: _____

II. Service Description (Describe the project you wish to be considered for credit).

Personal Responsibilities: _____

Time Commitment (Day(s) of week & hours): _____

Location where service will be carried out: _____

III. Supervisor Information (Have supervisor fill out and sign below).

Name (Print): _____ Title/Position: _____

Church/Organization:* _____ Phone: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Website (If applicable): _____

Please verify your status: Not a LU student LU Graduate Student LU Undergraduate Student

*MUST BE A NON-PROFIT ORGANIZATION [501(c) 3 or Local Church]. See Official Online CSER Handbook for details.

Student's Signature _____ Date ____ - ____ -20 ____

Supervisor's Signature _____ Date ____ - ____ -20 ____

Office Use Only

Supervisor Contract on File: YES NO

CSER: Church Extension (279) Personal Ministry (282) Special Projects (399)

Approval: Approved Not Approved (See Comments)

Comments: _____

CSER Authorization: _____ Date: ____ - ____ -20 ____