**Campus Emergency Response Team Application**

**Name:** Click here to enter text. **DOB:** Click here to enter a date.

**Home Address:** Click here to enter text.

**City:** Click here to enter text. **State:**Click here to enter text. **ZIP:** Click here to enter text.

**Occupation:** Click here to enter text.

**Work Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **ZIP:** Click here to enter text.

**Home Phone:** Click here to enter text. **Cell Phone:** Click here to enter text.

**Work Phone:** Click here to enter text.

**Personal Email:** Click here to enter text.

**Work Email:** Click here to enter text.

**I am a: Student**[ ]  **Faculty**[ ]  **Staff** [ ]

**Emergency Contact Information:**

**Name:** Click here to enter text. **Relationship:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **ZIP:** Click here to enter text.

**Phone:** Click here to enter text.

**Your information is being collected by Linfield University with regards to the Campus CERT program application process. Your information will not be shared or used by any external entity unless prior permission is given.**