



MI-MORT Membership Application

APPLICANT INFORMATION			
Name:			
Nickname:	Primary Phone:	Secondary Phone:	
Current address:			
City:	State:	ZIP Code:	
Email:			
EMPLOYMENT INFORMATION			
Current employer:			
Position:			
Employer address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
License #:	MFDA Dist #:		
EMERGENCY CONTACT			
(Please provide information about who to contact in case of emergencies)			
Name:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
TEAM PREPAREDNESS			
(please circle)			
Do you have your team uniform?	Yes	No	
Have you completed ISC Courses (circle completed courses) ?	100	200	700 800
Have you registered on MI Volunteer Registry?	Yes	No	
Are you interested in joining DMORT?	Yes	No	
PERSONAL SKILLS			
(ie: Firefighting, Police, EMS, Computer, Accounting, CISD, IT, etc.)			
SIGNATURES			
I verify the information above is true and accurate and that my employer acknowledges their knowledge of my application to the volunteer MI-MORT team and approves my membership.			
Signature of applicant:		Date:	
Signature of employer:		Date:	