

Michigan Volunteer Defense Force Personnel Application

Page One of Two: Conditions of Appointment and Service

E-Mail To: mivdf.application@gmail.com

Mail Via US Postal Service To:

Department of Military and Veteran Affairs
Michigan Volunteer Defense Force
Post Office Box 26245
Lansing, MI 48916



Submitted by: (Print full name) _____

1. By my signature hereon I freely indicate without coercion my interest in serving in the Michigan Volunteer Defense Force. I understand and hereby agree that criminal background checks are to be conducted and by my signature hereon authorize the Michigan Volunteer Defense Force to initiate reviews and maintain records thereof.

2. By providing the requested personal information, completing the oath of office prior to an officer, or enlisted member, and by my signature hereon should I be so appointed, I certify that the information I have provided herein to be true and factual. I also understand that I retain the right to resign unless ordered to or on active state duty and the Volunteer Defense Force retains the right to discontinue my services.

3. The following signature hereon indicates that I have read and understand the above two statements and I desire to sign this document on the date as listed by me hereon.

Signature _____ **Date** _____

Section II: Complete following Information for MSP Background Review

1. Michigan Drivers License Number _____

2. Date of Birth ____/____/____

3. Prior Military Service Branch _____ **Dates** _____

Rank _____ **Current Military Status** _____

Military Specialty or Schools:

Page 2: Michigan Volunteer Defense Force Combined Application Form

Notice: State laws require that all applicants be considered without regard to race, religion, color, sex, or national origin. The Volunteer Defense Force fully supports equal opportunity and will fulfill our obligation to the fullest.

Full Name _____

Address _____

City/ZIP _____ **County** _____

Telephone No. _____ **Email Address** _____

Previous Address _____

Sex ____ **Race** ____ **Place of Birth** _____ **Citizenship** _____

Height _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____ **Marital Status** _____

Have you been bonded? _____ **Have you been convicted of a Crime?** _____ **Explain:**

Do you have a physical handicap or illness that could limit your duties? Explain:

Educational Achievement (include school/college, state, degree, and year graduated)

1. High School:

2. College Degree:

3. Graduate Degree:

4. Additional:

5. Additional:

Civilian Experience (specialty, title, years served, and/or number supervised)

Prior Military Applicants: Attach DD-214, etc to this completed 2pg application.