

Michigan Volunteer Defense Force Combined Application Form

Addendum: Parental/Guardian Consent for Enlistment

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



Mail Via US Postal Service To:

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

1. I/we certify that (Enter name of applicant) _____ has no other legal guardian other than me/us and I/we consent to his/her enlistment in the Michigan Volunteer Defense Force.
2. I/we acknowledge/understand that he/she may be ordered to extended military service in time of a state emergency declared by the Governor or when otherwise authorized by law, and may be required upon order to serve in potentially hazardous situations.
3. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent.
4. I/we hereby authorize the Department of Military and Veterans Affairs representatives concerned to preform records checks and other examinations to determine his/her eligibility.
5. I/we relinquish all claims to his/her service and to any wage or compensation for such service.
6. I/we understand that he/she must serve minimum periods of active service for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her enlistment, he/she may be discharged. I/we also understand that he/she retains the right to resign such enlistment unless ordered to or on active state service.
7. I/we shall indemnify, hold free and harmless, assume liability for, and defend the State of Michigan, the Michigan Department of Military and Veterans Affairs, the Michigan Volunteer Defense Force (MIVDF), its agents, servants, employees, officers, and directors from any and all liability for personal injury or property damage and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon.
8. The following signature hereon indicates that I have read and understand the above seven statements. I agree that the laws of the State of Michigan govern the provisions of this document and I desire to sign this document on the date as listed by me hereon.

Parent/Guardian Name _____

Signature _____ Date _____

Parent/Guardian Name _____

Signature _____ Date _____