

**MACOMB EMERGENCY RESPONSE GROUP  
(MERG)  
TEAM REGISTRATION**

**I. PERSONAL CONTACT DATA**

Name:			
Occupation:			
Organization/Affiliation:			
Home Address:			
E-mail Address:			
Telephone Numbers:	Bus:	Cell:	Home:

**II. EDUCATION / EXPERIENCE**

Educational Background:	Military Service (if applicable):

List any volunteer or paid positions you have had relevant to providing emergency services or assistance to persons experiencing traumatic events (most recent first):

	Position	Organization
1.		
2.		
3.		

**III. ADDITIONAL INFORMATION**

Please indicate any other special skills or training you have that would pertain to helping others:

--

Thank you for completing this application. Your information will be kept confidential.  
Please return to:

Gary Burnett, Program Coordinator  
MERG Administrative Office  
46360 Gratiot Avenue  
Chesterfield Township, Michigan 48051  
Phone: (586) 307-9100  
[gary.burnett@mccmh.net](mailto:gary.burnett@mccmh.net)