



**1406 6th Avenue North
St. Cloud, MN 56303**

Dear Administrator,

Below (Page 2) is the Minnesota Mobile Medical Team (MMMT) Membership Acknowledgement Form. The MMT is a volunteer organization supported by medical professionals, the Minnesota Department of Health (MDH), and CentraCare Health. It relies upon volunteers and administrators, like yourself, allowing team members time off from work should they be needed. This team responds to disasters as requested through the MDH to assist communities during their time of need. This form is meant to provide the MMT with acknowledgement that an employee of your facility has notified his/her employer that they are members of the MMT. Please return the completed form to:

Shawn Stoen

Administrative Section Chief

Minnesota Mobile Medical Team

1406 Sixth Avenue North

St. Cloud, MN 56303-1901



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I, _____ an administrator with
_____, understand that
_____ is a member of the Minnesota Mobile
Medical Team (MMMT). This would necessitate the need to attend periodic trainings to maintain
readiness as well as deployment to disasters where medical attention may be needed. He / she
may need to deploy with the MMT (24-72 hours), as long as this is feasible, at the time, for
your facility. Workers compensation and liability while attending trainings or deployment would
be covered as a temporary employee of the State of Minnesota as coordinated by the Minnesota
Department of Health, Emergency Preparedness & Response Section.

(Date)

(Administrator's Signature)

(Title)

(Date)

(Member's Signature)

(Title)