

FORM A

INDIANA MILITIA CORPS - APPLICATION FOR APPOINTMENT OR ENLISTMENT
SKILL ASSESSMENT QUESTIONNAIRE

DATE: _____
(Day) (Month) (Year)

FROM: _____
(Last Name) (First Name) (Middle Name)

FOR: Headquarters, Indiana Militia Corps, c/o Post Office Box 276, Ingalls, Indiana [46048]
(mail to above address when form has been fully completed)

1. Under the provisions of IMC Regulation 07, I hereby apply for entry in the
Indiana Militia Corps as an Officer [] or Enlisted [] in the Grade of: _____

I request the following duty assignment:

Active Militia [] Support Command (noncombatant) [] Inactive Reserve (enrollment only) []

2. In connection with the application, I voluntarily submit the following information, which I certify to be correct to the
best of my knowledge and belief.

a. Home Address: _____
(Number and Street) (Town or City)

(Zip Code) (Area Code + Phone Number) (County)

b. Best time to be contacted: _____

c. Mailing Address (if different from above): _____
(PO Box, c/o address, or general delivery)

(City) (Zip Code) (County)

d. Email address if available: _____

e. Present Occupation: _____ Years of Experience: _____

f. Other skills: _____

g. Person to Contact in Case of Emergency (for field training events): _____
(Name)

(Address) (City, State, Zip)

(Area Code + Phone Number) (Relationship)

h. Date of Birth: _____ Age _____ Applicants must be 17 or older and under age 65.

i. Are you a citizen of Indiana? _____. Yes _____. No If no, please indicate status: _____

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j. Marital Status: Single Married Separated Widow/Widower Divorced

k. Membership In professional societies: _____

l. Are you now a member of the Army, Navy, Air Force, Coast Guard, National Guard, Reserve, Civil Air Patrol, or State Defense Force of this or another State; in an active or inactive status? Yes No If yes, explain:

m. Is your service obligation completed? Yes No If no, when will it be completed:

n. Have you ever been rejected for military service? Yes No If yes, state when, and reason rejected:

o. Have you served in a constitutional citizens' militia? Yes No If yes, state name of previous militia and that unit's operational area (county and/or state):

If yes to the above question, are you currently a member? Yes No If yes give details:

p. Have you ever been court-martialed? Yes No If yes, give details (date, place, charge, & details):

q. To the best of your knowledge and belief, regarding your physical and mental health, are you now sound and well? Yes No If no, give details:

r. Have you ever been arrested and convicted for other than minor traffic violations? Yes No If yes, give details:

s. Have you ever been treated for alcoholism? Yes No If yes, give details: _____

t. Have you ever used cocaine, heroin, morphine, or other illegal substances, or have a mental illness that requires professional medical treatment? Yes No If yes, give details:

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u. Education: Attach copies of supporting documents if desired or list courses on a separate sheet if necessary.

(1) Civilian: Name of School # of Years Attended Graduated: Yes / No

(2) Military: Name of School Location Date

v. Record of Military Service. Attach a legible copy of DD Form 214, NGB Form 22, Reserve Release Order, to show proof of each period of service indicated. Other documents from military service may be included. Chronological record of military service (Army, Navy, Air Force, Marine Corps, Coast Guard, [Reserve] National Guard, Indiana Guard Reserve, State Defense Force of another state, etc.)

Dates (Month & Year)

From To Grade Organization Duty Performed

3. Medical History:

a. Medical Conditions: _____

b. Medications: _____

c. Allergies: _____

[Applicant assumes sole responsibility and liability for medical emergencies arising from participation in activity.]

4. Remarks - Any other information you may desire to submit. Please attach on a separate page.

5. The following documents are attached: (Check each item that applies)

- ___ 1. Copy of **Indiana carry permit**, application or renewal, or other certified **proof of no felony conviction (MANDATORY)**.
- ___ 2. Proof of Service. (Copy of DD Form 214, NGB Form 22, Reserve Release Orders.).
- ___ 3. Copy of Degree and/or transcript, Professional credentials.
- ___ 4. Ecclesiastical Endorsement or letters of reference.
- ___ 5. Personal Resume.
- ___ 6. Personal **Photograph** (wallet-size) for Militia Security Card.

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6. CAVEATS:

- a. I understand that membership in the Indiana Militia Corps, a non-government organization, does not entitle me to the use of federal facilities or any federal benefits at any U.S. military Installation.
- b. I am not now nor have ever been a member of, or associated with, any racist group or subversive association that espouses the violent and unlawful overthrow of these united States; or the subversion of our state or federal Constitutions, including but not limited to communist / socialist front groups; New Black Panthers, Aryan Nations, Ku Klux Klan, Communist Party USA, Committees on Foreign Relations or the United Nations Association of America.
- c. I understand I must exercise firearms safety & security at all times as an active member of the Indiana Militia Corps, and that I shall never bring discredit upon the organization through negligence or unlawful activity.
- d. I have never been convicted of a felony crime, and that I do not have any felony charges currently pending.
- e. I affirm that the above is true and correct to the best of my knowledge & belief, and I understand that any fraudulent statement, willful misrepresentation or concealment, as to qualification for Appointment or Enlistment in the Indiana Militia Corps shall make me liable to have appropriate action taken against me for fraudulent entry, and may result in immediate administrative discharge.

(Signature of Applicant)

(Date Signed)

INFORMATION SUBMITTED ON OR WITH THIS FORM IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL.

ENDORSEMENT - 1

To be completed by: Unit Commander

I have personally interviewed the applicant and explained the Mission(s) of the Indiana Militia Corps. Yes [] No []

I have reviewed this application for Appointment [], Enlistment [] & recommend: Approval [], Disapproval []

Request Applicant be appointed or enlisted with the rank of: _____ in T.O. position:

(Duty Title): _____ . (Unit): _____

Member credited for recruiting Applicant: [Rank] Name: _____ . Unit _____

(Date)

(Signature of Unit Commander)

ENDORSEMENT - 2

To be completed by: Brigade Commander or the Adjutant of the Corps

I have reviewed this application and: CONCUR [], NONCONCUR [] with the recommendation.

I have personally interviewed the applicant and explained the Mission(s) of the Indiana Militia Corps. Yes [] No []

(Date)

(Signature of Brigade Commander or the Adjutant of the Corps)

ENDORSEMENT - 3

To be completed by: State Commander

I have reviewed this application and: CONCUR [], NONCONCUR [] with the recommendation.

(Date)

(Signature of State Commander)