



Northern New England METROPOLITAN MEDICAL RESPONSE SYSTEM

Maine • New Hampshire • Vermont

Memorandum of Understanding

As a member of the Metropolitan Medical Response System Maine Task Force One, I accept the following responsibilities:

While a member of the Maine Task Force One, I will maintain close liaison with the task force and I will attend scheduled training meetings and exercises whenever possible.

In the event of a local or National Emergency, I intend to be available as assigned within the program.

If I am called to duty during a Presidential declaration, I understand that my agency may be compensated for my time while I serve as a member of the Maine Task Force One

I understand that my assignment will be for a period not to exceed fourteen days.

Name of Member: _____

Signature of Member: _____

Date: _____