

Build-a-Blend Smoothies VOLUNTEER OPPORTUNITY WEDNESDAY, 10 SEPTEMBER 2025



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 2 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members

WHAT: SMP & Human Performance Event - volunteers will assist the SMP by setting up and prepping smoothie

stations, checking guests in, giving out tickets and prizes, and clean up at the end of the event.

WHEN: Wednesday, 10 September; 1000-1300

MEET: 1000 @ the ADRC BLDG 5305 (IMPORTANT - PLEASE BE PROMPT).

DRESS ATTIRE: Comfortable pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Please wear an SMP T Shirt if you have one.

REMINDERS:

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.

If you have already turned in a vol	olunteer form/waiver and h	nave to cancel,	notify the SMP staff as soor	n as possible.
SMP VOLUNTEER IN	FORMATION (PLEASE CO	OMPLETE ALL	REQUIRED FIELDS BELOW	/ & WRITE LEGIBLY)
YOUR NAME (LAST, FIRST):	RANK	:	DATE OF BIRTH:	MALE OR FEMALE:
UN	T:		CELL PH	ONE NUMBER:
MARITAL STATUS INFORMAT	ION (CIRCLE ONE):	SINGLE		MARRIED
SMP VOLUNTEER MEDICA	AL INFORMATION (PLEA	SE COMPLETE	ALL REQUIRED FIELDS BE	ELOW & WRITE LEGIBLY)
3. Do you have any allergies?	ain: dication? Il medications:		re of? (for example; diabetic or	
	SNCO OR ABOVE	PARTICIPATIO	N AUTHORIZATION	
BE	LOW FIELDS ARE TO BE F	ILLED OUT BY	OUR SNCO OR ABOVE ONL	<u>-Y</u>
SNCO OR ABOVE NAME (LAS	T, FIRST, RANK)			
UNIT:	WORK PHONE:		CELL PHONE:	-
I AUTHORIZE THE ABOVE SERVIO ACCOUNTABLE FOR ATTENDING UP ON TIME, AS THIS IS THEIR A	THIS EVENT. I WILL EN	SURE THE SER		
SNCO OR ABOVE SIGNATURE	: :		DATE:	
**Please turn in the DD F Admin Building, bldg. 252				ff member at The Semper Fit
DEADLIN	E TO SUBMIT THIS VOLU	NTEER FORM:	Monday, 8 SEPTEMBER BY	/ 1630
Authorized patrons of all abiliti	es are welcomed. Please	contact SMP st	aff if reasonable accommo	dations are necessary.
If you have any questions or cha	illenges regarding the volur (858) 307-628	nteer opportunity 3 or SMP Cell a	up to the time of the event, p (858) 287-4375	please contact the SMP Office at
	BELOW FIE	LDS FOR OFFIC	USE ONLY	
DATE RECEIVED:	TIME RECEIV	ED:	STAFF INIT	TALS:

VOLUNTEER AGREEMENT FOR									
APPROPRIATED FUND A	CTIVITIES		N	IONAPPROPR	IATED FUND INSTRUME	NTALITIES			
		PRIV	ACY ACT STATEM	IENT					
AUTHORITY: 10 U.S.C. 1588, Auth Services in the Department of Defer PRINCIPAL PURPOSES(S): To ad Instrumentalities before a statutory i ROUTINE USES: There are no species that are identified in each of the http://dpcld.defense.gov/Privacy/SO Volunteers (at http	nse. cknowledge and dendividual is allowed in its	ocument Volunte ed to provide volu anticipated for the s of records not ide-SORN-Article IsIndex/DoD-wid Id.defense.gov/F Volunteer Agree	eer Agreement for A unteer services. nis information; how ices: (1) A0608b D e-View/Article/57000 le-SORN-Article-Vie Privacy/SORNsInde	ever, it may be FSC, Personal A 34/a0608b-cfsc. w/Article/57042 x/DOD-wide-SC ernment suppor	nd Activities or Nonapprop subject to a number of pro Affairs: Army Community (); (2) NM01754-2, DON F 27/nm01754-2/); and (3) F DRN-Article-View/Article/5	oriated Fund oper and necessary routine Service Assistance Files (at amily Support Program 036 AFDPC, Family 69815/f036-af-dp-c/).			
		PART 1	- GENERAL INFO	RMATION					
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial) 3. VOLUNTEER IS (Select one) AGE 18 OR OVER UNDER AC						OVER UNDER AGE 18			
4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS									
	PART II - VO	DLUNTEER ASS	SIGNMENT (to be c	ompleted by Ac	cepting Official)				
6. INSTALLATION/COMPONENT ACTIVITY	The state of the s			AM WHERE 9. ANTICIPATED DAYS OF WEEK 10. ANTICIP					
MCAS MIRAMAR	Connectors		SMP	Wednesday, 10 September 1000-1300					
volunteers will be beautifying ou		g debris from our	wetlands.						
		PART III -	VOLUNTEER CER	TIFICATION					
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Pam neither entitled to nor expect any regulations applicable to voluntary sand organization rules and procedure.	nereof, except for rivacy Act, crimina present or future ervice providers, to	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to comper erest, and defense or or other benefits for any training required	sation for injurion of certain suits a these voluntary to perform ass	es occurring during the pe rising out of legal malprac services. I agree to be bo igned voluntary duties, an	rformance of approved stice. I expressly agree that I bund by the laws and			
a. SIGNATURE OF VOLUNTEER			E OF PARENT/GUA under age 18)	ARDIAN (if	c. DATE SIGNED (Y	YYYMMDD)			
13.a. NAME OF ACCEPTING OFF (Last, First, Middle Initial)	ICIAL	b. SIGNATURE	Ē		c. DATE SIGNED (Y	YYYMMDD)			
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEE	R'S SERVICE BY V	OLUNTEER S	UPERVISOR AND SIGNE	D BY VOLUNTEER			
14. AMOUNT OF VOLUNTEER a. TIME DONATED	YEARS. (2,087 h	ours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)			
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is	17.a. NAME OF (Last, First	SUPERVISOR Middle Initial)	b. SUPERVISOR'S SIG	NATURE C. DATE SIGNED (YYYYMMDD)			
DD FORM 2793, MAR 2018	l .	PRE\/IC	US EDITION IS OF	SOI ETE	1	AEM Designer Page 1 of 2			

PREVIOUS EDITION IS OBSOLETE.



SMP MOVIE NIGHT

VOLUNTEER OPPORTUNITY THURSDAY, 11 SEPTEMBER 2025

SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 3 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members

WHAT: Assist SMP Staff with ticket handling, resource table, event hosting, and other duties as assigned.

WHEN: Thursday, 11 September; 1800-2000

MEET: 1700 @ Bob Hope Theater - (IMPORTANT - PLEASE BE PROMPT)

DRESS ATTIRE: Comfortable clothes, closed toed shoes, SMP shirt if you have one.

REMINDERS:

DATE RECEIVED:

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.

 If you are on the waitlist, there is a chance that you may or may not get to volunteer.

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If you have already turned in a volunter	er form/walver and have to	cancel, notity the SMP's	staπ as soon as possible.						
SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)									
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:					
UNIT:	WORI	K PHONE NUMB	ER:	CELL PHONE NUMBER:					
MARITAL STATUS INFORM	MATION:								
CIRCLE ONE:	SINGLE	GEOGF	RAPHICAL BACHELOR						
SMP VOLUNTEER MED	ICAL INFORMATIO	N (PLEASE COMP	LETE ALL REQUIRED FIELDS	BELOW & WRITE LEGIBLY)					
1. Does the participant have ar	ny medical condition	ns that we should b	be aware of? (for example; diabetic	c or suffer from seizures.)					
Circle One: YES NO If yes, p	olease explain:								
2. Are you currently taking any	medication?								
Circle One: YES NO If yes, p	olease list all medica	ations:							
3. Do you have any allergies?									
Circle One: YES NO If yes, p	olease explain:								
	SNCO OR	R ABOVE PARTICII	PATION AUTHORIZATION						
	BELOW FIELDS ARE	E TO BE FILLED OL	JT BY YOUR SNCO OR ABOVE (ONLY					
SNCO OR ABOVE NAME (L.	AST, FIRST, RAN	K)							
UNIT:	WORK PHONE	E:	CELL PHONE	:					
	ING THIS EVENT. I			RTUNITY AND WILL HOLD THEM ABOVE WILL SHOW UP ON TIME,					
SNCO OR ABOVE SIGNATU	JRE:		DATE:						
Rec Center, Bld	lg 5305 or the SMP (Office. **Return dig	o this sheet to a staff member a gital waivers to ombmiramarsm FORM: TUESDAY, 9 SEPTEMBE	t the front desk of The Active Duty o@usmc-mccs.org** R BY 1630					
	Emailed, fax	xed, and scanned w	vaivers will <i>not</i> be accepted.						
Authorized patrons of all	abilities are welcom	ned. Please contac	ct SMP staff if reasonable acco	ommodations are necessary.					
If you have any questio	ns or challenges reg	arding the voluntee SMP Office at <u>(8</u>	er opportunity up to the time of the 58) 307-6283	e event, please contact the					
	E	BELOW FIELDS FOR	OFFICE USE ONLY						

TIME RECEIVED:

STAFF INITIALS:

VOLUNTEER AGREEMENT FOR									
APPROPRIATED FUND A	CTIVITIES		_ ı	IONAPPROPR	IATED FUND INSTRUM	ENTALITIES			
		PRIV	ACY ACT STATE	MENT					
AUTHORITY: 10 U.S.C. 1588, Aur Services in the Department of Defe PRINCIPAL PURPOSES(S): To a Instrumentalities before a statutory ROUTINE USES: There are no spuses that are identified in each of the http://dpcld.defense.gov/Privacy/SC Volunteers (at http://dpcld.defense.Services Volunteer and Request RODISCLOSURE: Voluntary; however voluntary services to Appropriated	nse. cknowledge and do individual is allowe ecific routine uses the following system DRNsIndex/DoD-wi gov/Privacy/SORN ecord (at http://dpcl er, lack of a signed	ocument Volunted to provide volunted to provide volunticipated for the soft records not de-SORN-Articles Index/DoD-wicld defense gov/FVolunteer Agree	eer Agreement for A unteer services. his information; how ices: (1) A0608b D e-View/Article/5700 de-SORN-Article-Vie Privacy/SORNsInde ement will limit Gove	ever, it may be FSC, Personal a 84/a0608b-cfsca ew/Article/57042 x/DOD-wide-SC ernment suppor	nd Activities or Nonappro subject to a number of p Affairs: Army Community (); (2) NM01754-2, DON 27/nm01754-2/); and (3) DRN-Article-View/Article/	opriated Fund roper and nece y Service Assis Family Suppor F036 AFDPC, 569815/f036-a	essary routine stance Files (at t Program Family f-dp-c/).		
		PART 1	- GENERAL INFO	RMATION					
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial) 3. VOLUNTEER IS (Select one) AGE 18 OR OVER UNDER AGE 18							JNDER AGE 18		
4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS									
	PART II - VC	LUNTEER ASS	SIGNMENT (to be o	ompleted by Ac	cepting Official)				
6. INSTALLATION/COMPONENT ACTIVITY		ON/UNIT	8. PROGRAM W SERVICE OC		ANTICIPATED DAYS OI NEEK	10. ANTICI	PATED HOURS		
MCAS MIRAMAR			BOB HOPE THE	ATER TH	URS, 11 SEP	1700-2030			
11. DESCRIPTION OF VOLUNTE volunteers will assist the SMP by others checking guests in. All vol	prepping and serv	ing the monthly ough a 1 Day Fo	dinner. We will hav	e some people at the volunteer	advertising future events event.	and			
		PART III -	VOLUNTEER CER	TIFICATION					
12. CERTIFICATION I expressly agree that my servic Government or any instrumentality volunteer services, tort claims, the fam neither entitled to nor expect an regulations applicable to voluntary and organization rules and procedu	thereof, except for Privacy Act, crimina y present or future service providers, to	certain purposes al conflicts of inte salary, wages, o participate in a	s relating to comper erest, and defense or or other benefits for any training required	nsation for injuri of certain suits a these voluntary I to perform ass	es occurring during the p irising out of legal malpra services. I agree to be b igned voluntary duties, a	erformance of actice. I expressioned by the large	approved sly agree that I ws and		
a. SIGNATURE OF VOLUNTEER			E OF PARENT/GU under age 18)	ARDIAN (if	c. DATE SIGNED (YYYMMDD)			
13.a. NAME OF ACCEPTING OFF (Last, First, Middle Initial)	FICIAL	b. SIGNATURI	E		c. DATE SIGNED (/YYYMMDD)			
PART IV - TO BE COMI	PLETED AT END	OF VOLUNTEE	R'S SERVICE BY \	OLUNTEER S	UPERVISOR AND SIGN	ED BY VOLUI	NTEER		
14. AMOUNT OF VOLUNTEER TIME DONATED	• YEARS . (2,087 h	ours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERV DATE	(ICE END E (YYYYMMDD)		
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE (under age 18)		17.a. NAME OI (Last, First	SUPERVISOF , Middle Initial)	b. SUPERVISOR'S SIG	GNATURE C.	DATE SIGNED (YYYYMMDD)		
DD FORM 2793, MAR 2018	<u>'</u>	PRF\/IC	DUS EDITION IS O	SSOLETE	1	AEM Designer	Page 1 of 2		

PREVIOUS EDITION IS OBSOLETE.



DATE RECEIVED:

Airsoft SMP TRIP SATURDAY, 13 SEPTEMBER 2025



SMP TRIP INFORMATION

NHO:	11	Single or	Unaccompanied	Service	Members	stationed	l aboard MCAS Miramaı

WHAT: Airsoft @ Alpine Park, CA

WHEN: Saturday, 13 September 2025; 0930-1530

MEET: 0900 @ The Semper Fit Admin Building, Bldg. 2525 next to HITT Center (IMPORTANT – PLEASE BE PROMPT). Reminders: Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.

			•					
TRIP PARTICIPANT'S	INFORMATION (PLEASE CO	MPLETE ALL RE	QUIRED FIELDS BEL	OW & WRITE LEGIBLY)				
YOUR NAME (LAST, FIRST	Γ): RANI	K :	DATE OF BIRTH:	MALE OR FEMALE:				
UNIT:	WORK PHONE	NUMBER:		CELL PHONE NUMBER:				
MARITAL STATUS INFORI	MATION:	EMAIL ADDRESS	(WORK OR PERSON	IAL):				
CIRCLE ONE: SINGLE	GEOGRAPHICAL BACHELOR							
TRIP PARTICIPANT'S	MEDICAL INFORMATION (PI	EASE COMPLET	E ALL REQUIRED FIE	ELDS & WRITE LEGIBLY)				
	e any medical conditions that w		· · · · · · · · · · · · · · · · · · ·	tic or suffer from seizures.)				
	, please explain:							
 Are you currently taking a YES NO If yes 								
3. Do you have any allergies	, please list all medications: s?							
	please explain:							
•								
		CODE OF COND						
volunteer opportunities. I am	Service Member or Geographical required to take the transportation Marine Program (SMP) trips are	n provided by the Sin	gle Marine Program (SMI	P to and from all SMP trips (NO				
Program. I will conduct myself will be expected to act resp uncompromising code of pers personal demeanor shall be	POVS). All Single Marine Program (SMP) trips are non-refundable, unless stated otherwise by the SMP Coordinator. I understand fully that while participating in this event I am representing the United States Military and the MCAS Miramar Single Marine Program. I will conduct myself in such a way to honor both. I know I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I will be expected not to lie, cheat, nor steal. I will adhere to an uncompromising code of personal integrity, accountable for my actions and holding others accountable for theirs. Both my professional and personal demeanor shall be such that I may take pride in my actions. I affirm that all information entered on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command SNCOIC and/or SgtMaj.							
PARTICIPANT'S PRIN		PARTICIPANT'S SIG	SNATURF	DATE				
	SNCO OR ABOVE PA			DATE				
Louthoriza the above Conv	ice Member to participate in th			countable for attending this				
event. I will ensure the	ne Service Member listed abov	e will show up on	time, as this is their ap	pointed place of duty.				
SNCO Last, First Name:			Contact Number:					
SNCO or above signature:			Date:					
Buil	RM 2793 volunteer form that is lding, bldg. 2525. **Return digit DEADLINE TO SUBMIT THIS I	al waivers to ombm FORM: THURSDAY.	iramarsmp@usmc-mcc I1 SEPTEMBER BY 1630	s.org				
Authorized patrons of	all abilities are welcomed. Pleas	se contact SMP staf	f if reasonable accomm	odations are necessary.				
	BELOW FIELD	OS FOR OFFICE USE	ONLY					

TIME RECEIVED:

STAFF INITIALS:



SINGLE MARINE PROGRAM MCAS MIRAMAR - TRIP WAIVER FORM Volunteer Appreciation Dinner SMP TRIP



Monday, 15 September 2025

SMP TRIP INFORMATION WHO: 10 Single or Unaccompanied Service Members stationed aboard MCAS Miramar

WHAT: Volunteer Appreciation Dinner

TRIP PARTICIPANT'S INFORM		ve any questions. LETE ALL REQUIRED FIELDS BI	ELOW & WRITE LEGIBLY)
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
UNIT:	WORK PHONE NU	MBER:	CELL PHONE NUMBER:
MARITAL STATUS INFORMATION CIRCLE ONE: SINGLE GEOGRAPHI		AIL ADDRESS (WORK OR PERSO	NAL):
TRIP PARTICIPANT'S MEDICA	AL INFORMATION (PLE	ASE COMPLETE ALL REQUIRED	FIELDS & WRITE LEGIBLY)
1. Does the participant have any medicat YES NO If yes, please expected to the property of the participant have any medicate of the property of the participant have any medicate of the property of the participant have any medicate of the property of the participant have any medicate of the property of the participant have any medicate of the property of the participant have any medicate of the participant have any	plain:on? on? st all medications:	e aware of? (for example; diabetic or suffe	
	SMP TRIP CO	DE OF CONDUCT	
opportunities. I am required to take the transfer Program I understand fully that while participating in conduct myself in such a way to honor be responsibly in a mature and dependable integrity, accountable for my actions and h	ansportation provided by the Sir in (SMP) trips are non-refundable in this event I am representing the oth. I know I will be held to a high manner. I will be expected not colding others accountable for the mation entered on this form is t	n order to participate in all Single Marine Prigle Marine Program (SMP to and from all Sie, unless stated otherwise by the SMP Coor e United States Military and the MCAS Mirch standard of the utmost ethical and moral to lie, cheat, nor steal. I will adhere to an urbirs. Both my professional and personal dentue and correct. I understand that any misles command SNCOIC and/or SgtMaj.	SMP trips (NO POVS). All Single dinator. ramar Single Marine Program. I will behavior. I will be expected to act accompromising code of personal neanor shall be such that I may take
PARTICIPANT'S PRINTED NA	ME PART	ICIPANT'S SIGNATURE	DATE
	SNCO OR ABOVE PARTI	CIPATION AUTHORIZATION	
		pportunity and will hold them accounts ow up on time, as this is their appointed	•
SNCO Last, First Name:		Contact Number:	
SNCO or above signature:		Date:	
DEA	Active Duty Rec Center, BlADLINE TO SUBMIT THIS F	attached to this sheet to a staff member a dg. 5305 or the SMP Office.** ORM: Friday, 12 September by 1300 ntact SMP staff if reasonable accommod	
•		R OFFICE USE ONLY	•
DATE RECEIVED:	TIME RECEIVED:	STAFF INITI	ALS:



GOLF COMPETITION

VOLUNTEER OPPORTUNITY TUESDAY, 16 SEPTEMBER 2025



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 3 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members

WHAT: Drive, Chip, & Putt Golf Compeition - Volunteers will assist SMP & Golf Staff set up SMP resource table, check in

competitors, records scores, hand out prizes, and other duties as assigned.

MEET: 1600 @ Miramar Memorial Golf Course - (IMPORTANT - PLEASE BE PROMPT)

DRESS ATTIRE: Comfortable, closed toed shoes, SMP shirt if you have one.

DATE RECEIVED:

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.

If you have already turned in a volunt			P staff as soon as possible.							
SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)										
YOUR NAME (LAST, FIRST	OUR NAME (LAST, FIRST): RANK: DATE OF BIRTH:									
UNIT:	WORK	PHONE NUMI	BER:		CELL PHONE NUMBER:					
MARITAL STATUS INFORI	MATION:									
CIRCLE ONE:	SINGLE	GEOG	GRAPHICAL BACHELO	R						
SMP VOLUNTEER MEI	DICAL INFORMATION	N (PLEASE COM	IPLETE ALL REQUIRED	FIELDS BEL	OW & WRITE LEGIBLY)					
1. Does the participant have a	ny medical conditions	s that we should	be aware of? (for example	; diabetic or su	ffer from seizures.)					
Circle One: YES NO If yes,	•									
2. Are you currently taking any										
Circle One: YES NO If yes,		tions:								
3. Do you have any allergies?										
Circle One: YES NO If yes,	please explain:									
	SNCO OR	ABOVE PARTIC	CIPATION AUTHORIZATION	ON						
	BELOW FIELDS ARE	TO BE FILLED C	OUT BY YOUR SNCO OR A	BOVE ONLY						
SNCO OR ABOVE NAME (L	-AST, FIRST, RANK	()								
UNIT:	WORK PHONE	:	CELL P	HONE:						
I AUTHORIZE THE ABOVE SE ACCOUNTABLE FOR ATTENE AS THIS IS THEIR APPOINTED	DING THIS EVENT. I V									
SNCO OR ABOVE SIGNAT	URE:		DA	TE:						
	dg 5305 or the SMP O	office. **Return d	to this sheet to a staff me igital waivers to ombmira R FORM: FRIDAY, 12 SEP	marsmp@usr	nc-mccs.org**					
	Emailed, fax	ed, and scanned	waivers will not be accept	ed.						
Authorized patrons of al	l abilities are welcom	ed. Please cont	act SMP staff if reasonal	ole accommo	odations are necessary.					
If you have any question	ons or challenges rega	arding the volunte SMP Office at <u>(</u>	eer opportunity up to the tir 858) 307-6283	ne of the ever	nt, please contact the					

BELOW FIELDS FOR OFFICE USE ONLY

STAFF INITIALS:

TIME RECEIVED:

VOLUNTEER AGREEMENT FOR									
APPROPRIATED FUND A	CTIVITIES			NONAPPRO	PRIATED I	FUND INSTRUME	NTALITIES		
		PRIV	ACY ACT STATE	MENT					
AUTHORITY: 10 U.S.C. 1588, Aut Services in the Department of Defe PRINCIPAL PURPOSES(S): To a Instrumentalities before a statutory ROUTINE USES: There are no spuses that are identified in each of the http://dpcld.defense.gov/Privacy/SC Volunteers (at http://dpcld.defense.Services Volunteer and Request ReDISCLOSURE: Voluntary; however voluntary services to Appropriated I	nse. cknowledge and docume individual is allowed to precific routine uses anticipe following systems of reprovemental of the properties of the properties of the properties of the provide of the provid	nt Volunte ovide volu ated for the cords noti RN-Article t/DoD-wid nse.gov/F eer Agree	eer Agreement for Aunteer services. his information; hovices: (1) A0608b De-View/Article/5700e-SORN-Article-Viervacy/SORNsInderment will limit Gov	Appropriated wever, it may FSC, Person 84/a0608b-c ew/Article/57 ex/DOD-wide ernment supp	Fund Activition be subject hal Affairs: .fsc/); (2) NN 0427/nm01-SORN-Arti	ities or Nonapprop to a number of pro Army Community \$ 401754-2, DON Fa 754-2/); and (3) FO icle-View/Article/56	riated Fund per and nec Service Assi amily Suppo 036 AFDPC 59815/f036-6	cessary routine stance Files (at rt Program , Family af-dp-c/).	
		PART 1	- GENERAL INFO	RMATION					
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial) 3. VOLUNTEER IS (Select one) AGE 18 OR OVER UNDER AGE 1							UNDER AGE 18		
4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS									
	PART II - VOLUNT	EER ASS	SIGNMENT (to be o	completed by	Accepting	Official)			
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UI WHERE SERVICE		8. PROGRAM W SERVICE OC	1 -		ATED DAYS OF	10. ANTIC	IPATED HOURS	
MCAS MIRAMAR	MIRAMAR MEMORIA GOLF COURSE	AL .	SMP	TUESDAY, 16 SEPT			1600-1930		
11. DESCRIPTION OF VOLUNTEI volunteers will assist the SMP by others checking guests in. All vol	prepping and serving the					ing future events a	ind		
	F	PART III -	VOLUNTEER CEF	RTIFICATION	١				
12. CERTIFICATION I expressly agree that my service Government or any instrumentality to volunteer services, tort claims, the Fam neither entitled to nor expect an regulations applicable to voluntary sand organization rules and procedu	hereof, except for certain Privacy Act, criminal confl y present or future salary ervice providers, to partic	purposes icts of inte , wages, c cipate in a	s relating to compe- erest, and defense or other benefits for any training required	nsation for inj of certain sui these volunt d to perform a	juries occur ts arising ou ary service assigned vo	ring during the per ut of legal malpract s. I agree to be bo	formance of tice. I expre und by the la	f approved essly agree that I aws and	
a. SIGNATURE OF VOLUNTEER			E OF PARENT/GU under age 18)	ARDIAN (if	c. D	OATE SIGNED (Y)	YYMMDD)		
13.a. NAME OF ACCEPTING OFF (Last, First, Middle Initial)	ICIAL b. SIG	SNATURE	Ē		c. D	DATE SIGNED (YY	YYMMDD)		
PART IV - TO BE COMP	PLETED AT END OF VO	LUNTEER	R'S SERVICE BY	/OLUNTEER	R SUPERVI	SOR AND SIGNE	D BY VOLU	INTEER	
14. AMOUNT OF VOLUNTEER TIME DONATED	YEARS. (2,087 hours =	1 year)	b. WEEKS	c. DAYS		d. HOURS	1	VICE END E (YYYYMMDD)	
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volu under age 18)		17.a. NAME O	F SUPERVIS t, Middle Initia	IN SIL	I PERVISOR'S SIGN	NATURE (c. DATE SIGNED (YYYYMMDD)	
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PREVIOUS EDITION IS OBSOLETE.



SMP MONTHLY DINNER

VOLUNTEER OPPORTUNIT



TUESDAY, 26 AUGUST 2025

SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 2 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members WHAT: SMP Dinner – volunteers will assist the SMP with set up/tear down of our monthly SMP dinner, check in Marines, pass upcoming SMP information/events, hand out food.

WHEN: Tuesday, 30 September; 1530 - 1930

<u>MEET</u>: 1530 @ The Fairway Cafe - <u>(IMPORTANT – PLEASE BE PROMPT)</u> DRESS ATTIRE: Comfortable, appropriate civilian attire, closed toe shoes.

REMINDERS:

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.

If you have already turned in a volunteer form/waiver ar	nd have to cancel, notify the SMP st	aff as soon as possible.						
SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)								
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:					
UNIT:			CELL PHONE NUMBER:					
MARITAL STATUS INFORMATION:								
CIRCLE ONE:	SINGLE	GEOGRAPHICAL B	ACHELOR					
SMP VOLUNTEER MEDICAL INFORM	MATION (PLEASE COMPL	ETE ALL REQUIRED FIELDS BEL	OW & WRITE LEGIBLY)					
1. Does the participant have any medical con	nditions that we should be	aware of? (for example; diabetic or su	uffer from seizures.)					
Circle One: YES NO If yes, please explain:								
2. Are you currently taking any medication?								
Circle One: YES NO If yes, please list all m	nedications:							
3. Do you have any allergies?								
<u>Circle One:</u> YES NO If yes, please explain:	<u>:</u>							
SNC	O OR ABOVE PARTICIPA	TION AUTHORIZATION						
BELOW FIELD	S ARE TO BE FILLED OUT	BY YOUR SNCO OR ABOVE ONLY	<u>'</u>					
<u>SNCO OR ABOVE</u> NAME (LAST, FIRST,	RANK)							
UNIT: WORK PI	HONE:	CELL PHONE:						
I AUTHORIZE THE ABOVE SERVICE MEMBE	R TO PARTICIPATE IN TH	IE SMP VOLUNTEER OPPORTUN	NITY AND WILL HOLD THEM					
ACCOUNTABLE FOR ATTENDING THIS EVE		SERVICE MEMBER LISTED ABO	VE WILL SHOW UP ON TIME,					
AS THIS IS THEIR APPOINTED PLACE OF D	UTY.							
SNCO OR ABOVE SIGNATURE:		DATE:						
**Please turn in the DD FORM 2793 v	olunteer form that is attac	hed to this sheet to a SMP staff r	nember at The Semper Fit					

Admin Building, bldg. 2525. **Return digital waivers to ombmiramarsmp@usmc-mccs.org

DEADLINE TO SUBMIT THIS VOLUNTEER FORM FRIDAY, 26 SEPTEMBER 1630

Authorized patrons of all abilities are welcomed. Please contact SMP staff if reasonable accommodations are necessary.

If you have any questions or challenges regarding the volunteer opportunity up to the time of the event, please contact the

BELOW FIELDS FOR OFFICE USE ONLY								
DATE RECEIVED:	TIME RECEIVED:	STAFF INITIALS:						

VOLUNTEER AGREEMENT FOR										
APPROPRIATED FUND A	CTIVITIES			IONAPPROPR	IATED F	UND INSTRUME	NTALITIES			
		PRIV	ACY ACT STATEM	IENT						
AUTHORITY: 10 U.S.C. 1588, Authorices in the Department of Defer PRINCIPAL PURPOSES(S): To ad Instrumentalities before a statutory i ROUTINE USES: There are no speuses that are identified in each of the http://dpcld.defense.gov/Privacy/SO Volunteers (at http://	nse. cknowledge and d ndividual is allowe cific routine uses e following system RNsIndex/DoD-wi gov/Privacy/SORN cord (at http://dpc	ocument Volunted to provide voluanticipated for the sof records not ide-SORN-Article IsIndex/DoD-widld.defense.gov/FVolunteer Agree	eer Agreement for A unteer services. his information; how ices: (1) A0608b D e-View/Article/5700 de-SORN-Article-Vie Privacy/SORNsInde ement will limit Gove	ever, it may be FSC, Personal 84/a0608b-cfsc ew/Article/5704 x/DOD-wide-St ernment suppor	subject the Affairs: 1/2); (2) NM 27/nm01*	ties or Nonapprop to a number of pro Army Community 9 401754-2, DON Fa 754-2/); and (3) Fo cle-View/Article/56	riated Fund per and nec Service Assi amily Suppo 036 AFDPC 89815/f036-6	essary routine stance Files (at rt Program Family af-dp-c/).		
		PART 1	- GENERAL INFO	RMATION						
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial) 3. VOLUNTEER IS (Select one) AGE 18 OR OVER UNDER A						UNDER AGE 18				
4. TELEPHONE NUMBER (Include	4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS									
	PART II - VO	DLUNTEER ASS	SIGNMENT (to be c	ompleted by A	ccepting	Official)				
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZAT WHERE SEF	ION/UNIT RVICE OCCURS	8. PROGRAM W SERVICE OC			ATED DAYS OF	10. ANTIC	IPATED HOURS		
MCAS MIRAMAR			SMP	Tu	esday, 30 September 1530-1930					
11. DESCRIPTION OF VOLUNTEE volunteers will assist the SMP with food.		n of our monthly	SMP dinner, check	in Marines, pa	ss upcom	ning SMP informat	ion/events,	hand out		
		PART III -	VOLUNTEER CER	TIFICATION						
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Pam neither entitled to nor expect any regulations applicable to voluntary seand organization rules and procedure.	nereof, except for rivacy Act, crimina present or future ervice providers, t	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to comper erest, and defense or or other benefits for any training required	sation for injur of certain suits these voluntary to perform ass	ies occuri arising ou services signed vo	ring during the per at of legal malprac s. I agree to be bo	formance of tice. I expre und by the la	approved ssly agree that I aws and		
a. SIGNATURE OF VOLUNTEER			E OF PARENT/GUA under age 18)	ARDIAN (if	c. D	ATE SIGNED (Y)	YYMMDD)			
13.a. NAME OF ACCEPTING OFFI (Last, First, Middle Initial)	ICIAL	b. SIGNATURE	E		c. D	ATE SIGNED (Y)	YYMMDD)			
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEE	R'S SERVICE BY V	OLUNTEER S	UPERVI	SOR AND SIGNE	D BY VOLU	INTEER		
14. AMOUNT OF VOLUNTEER a. TIME DONATED	YEARS. (2,087 h	ours = 1 year)	b. WEEKS	c. DAYS		d. HOURS		VICE END E (YYYYMMDD)		
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is	17.a. NAME OF (Last, First	SUPERVISOI , Middle Initial)	b. SUF	PERVISOR'S SIGN	NATURE (c. DATE SIGNED (YYYYMMDD)		
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