



4th of July Cruise

SMP TRIP

Saturday, 4 July 2026



SMP TRIP INFORMATION

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

WHAT: 4th of July Cruise

WHEN: 1730 - 2300 @ San Diego Bay

MEET: 1730 @ ADRC (**IMPORTANT – PLEASE BE PROMPT**).

Reminders: Prior to the trip, 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 COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

YOUR NAME (LAST, FIRST): _____ **RANK:** _____ **DATE OF BIRTH:** _____ **MALE OR FEMALE:** _____

UNIT: _____ **WORK PHONE NUMBER:** _____ **CELL PHONE NUMBER:** _____

MARITAL STATUS INFORMATION:

CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR

EMAIL ADDRESS (WORK OR PERSONAL):

TRIP PARTICIPANT'S MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

YES NO If yes, please explain: _____

2. Are you currently taking any medication?

YES NO If yes, please list all medications: _____

3. Do you have any allergies?

YES NO If yes, please explain: _____

SMP TRIP CODE OF CONDUCT

I am required to be a Single Service Member or Geographical Bachelor in order to participate in all Single Marine Program (SMP) trips and volunteer opportunities. I am required to take the transportation provided by the Single Marine Program (SMP to and from all SMP trips (NO 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 PRINTED NAME

PARTICIPANT'S SIGNATURE

DATE

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

I authorize the above Service Member to participate in this SMP opportunity and will hold them accountable for attending this event. I will ensure the Service Member listed above will show up on time, as this is their appointed place of duty.

SNCO Last, First Name: _____ Contact Number: _____

SNCO or above signature: _____ Date: _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the front desk of the Active Duty Rec Center, Bldg. 5305 or the SMP Office.****

DEADLINE TO SUBMIT THIS FORM: Wednesday, 1 July BY 1630

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

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **STAFF INITIALS:** _____



Build-A-Bowl

VOLUNTEER OPPORTUNITY

THURSDAY, 9 JULY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

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

WHAT: SMP & Human Performance Event – volunteers will assist the SMP by setting up and prepping acai bowl stations, checking guests in, giving out tickets and prizes, and clean up at the end of the event.

WHEN: THURSDAY, 9 July 2026; 1000-1300

MEET: 1000 @ The Active Duty Rec Center (The HUB) (IMPORTANT – PLEASE BE PROMPT).

DRESS ATTIRE: Comfortable, closed toed shoes, SMP 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 volunteer form/waiver and have to cancel, notify the SMP staff 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: _____ **WORK PHONE NUMBER:** _____ **CELL PHONE NUMBER:** _____

MARITAL STATUS INFORMATION:

CIRCLE ONE: _____ SINGLE _____ GEOGRAPHICAL BACHELOR _____

SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer 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 medications: _____

3. Do you have any allergies?

Circle One: YES NO If yes, please explain: _____

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

SNCO OR ABOVE NAME (LAST, FIRST, RANK) _____

UNIT: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THE SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

SNCO OR ABOVE SIGNATURE: _____ **DATE:** _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at The Semper Fit Admin Building, bldg. 2525. **Return digital waivers to ombmiramarsmp@usmc-mccs.org**
DEADLINE TO SUBMIT THIS VOLUNTEER FORM: MONDAY, 6 JULY 2026 BY 1600**

Emailed, faxed, and scanned waivers will *not* be accepted.

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 SMP Office at [\(858\) 307-6283](tel:8583076283)

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **STAFF INITIALS:** _____



La Jolla Kayaking

SMP TRIP

Saturday, 11 July 2026



SMP TRIP INFORMATION

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

WHAT: La Jolla Kayaking and Cave Tour

WHEN: 0800-1300 @ La Jolla

MEET: 0800 @ ADRC (**IMPORTANT – PLEASE BE PROMPT**).

Reminders: Prior to the trip, 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 COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

YOUR NAME (LAST, FIRST): _____ **RANK:** _____ **DATE OF BIRTH:** _____ **MALE OR FEMALE:** _____

UNIT: _____ **WORK PHONE NUMBER:** _____ **CELL PHONE NUMBER:** _____

MARITAL STATUS INFORMATION:

CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR

EMAIL ADDRESS (WORK OR PERSONAL):

TRIP PARTICIPANT'S MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

YES NO If yes, please explain: _____

2. Are you currently taking any medication?

YES NO If yes, please list all medications: _____

3. Do you have any allergies?

YES NO If yes, please explain: _____

SMP TRIP CODE OF CONDUCT

I am required to be a Single Service Member or Geographical Bachelor in order to participate in all Single Marine Program (SMP) trips and volunteer opportunities. I am required to take the transportation provided by the Single Marine Program (SMP to and from all SMP trips (NO 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 PRINTED NAME

PARTICIPANT'S SIGNATURE

DATE

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

I authorize the above Service Member to participate in this SMP opportunity and will hold them accountable for attending this event. I will ensure the Service Member listed above will show up on time, as this is their appointed place of duty.

SNCO Last, First Name: _____ Contact Number: _____

SNCO or above signature: _____ Date: _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the front desk of the Active Duty Rec Center, Bldg. 5305 or the SMP Office.****

DEADLINE TO SUBMIT THIS FORM: Wednesday, 8 July BY 1630

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

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ TIME RECEIVED: _____ STAFF INITIALS: _____



SURF LESSONS

SMP TRIP

Friday, 17 JULY 2026



SMP TRIP INFORMATION

WHO: 10 Single or Unaccompanied Active Duty Service Members stationed aboard MCAS Miramar.

WHAT: SMP will take 10 Marines to San Diego beaches for surf lessons

WHEN: Friday, 17 July: 0800-1500

MEET: 0800 @ The Active Duty Rec Center, Bldg. 5305 (The HUB) (IMPORTANT – PLEASE BE PROMPT).

DRESS ATTIRE: Appropriate swimwear, footwear, & outdoor attire for water activity, bring extra pair of civilian attire to change afterward.

Reminders: Prior to the trip 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 COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

YOUR NAME (LAST, FIRST): _____ **RANK:** _____ **DATE OF BIRTH:** _____ **MALE OR FEMALE:** _____

UNIT: _____ **WORK PHONE NUMBER:** _____ **CELL PHONE NUMBER:** _____

MARITAL STATUS INFORMATION:

CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR

EMAIL ADDRESS (WORK OR PERSONAL):

TRIP PARTICIPANT'S MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

YES NO If yes, please explain: _____

2. Are you currently taking any medication?

YES NO If yes, please list all medications: _____

3. Do you have any allergies or dietary restrictions?

YES NO If yes, please explain: _____

SMP TRIP CODE OF CONDUCT

I am required to be a Single Service Member or Geographical Bachelor in order to participate in all Single Marine Program (SMP) trips and volunteer opportunities. I am required to take the transportation provided by the Single Marine Program (SMP to and from all SMP trips (NO 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 PRINTED NAME

PARTICIPANT'S SIGNATURE

DATE

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

I authorize the above Service Member to participate in this SMP opportunity and will hold them accountable for attending this event. I will ensure the Service Member listed above will show up on time, as this is their appointed place of duty.

SNCO Last, First Name: _____ Contact Number: _____

SNCO or above signature: _____ Date: _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a SMP staff member at The Active Duty Rec Center, Bldg. 5305 (The HUB). **Return digital waivers to ombmiramarsmp@usmc-mccs.org**

DEADLINE TO SUBMIT THIS FORM: TUESDAY, 14 June 2026 BY 1600

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

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **STAFF INITIALS:** _____



Comic Con

VOLUNTEER OPPORTUNITY

Thursday - Sunday, 23 - 26 July 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: MCAS Miramar Single/ Geo Bachelor Service Members OR MCAS Miramar Volunteer Program

WHAT: Comic Con– Volunteers will assist the Comic - Con Museum with their annual event. Volunteers will help with line security, passing out info, books, and bags, and other tasks as assigned.

WHEN: Thursday, 23 July; Friday, 24 July; Saturday, 25 July; Sunday 26 July; shifts TBD. **MUST VOLUNTEER ALL FOUR DAYS**

MEET: Marina Ballroom at the Marriott Marquis Hotel - **(IMPORTANT – PLEASE BE PROMPT)**

DRESS ATTIRE: Comfortable, appropriate civilian attire, closed toe shoes. *NOTE* You can bring a costume/ Comic - Con attire to change into once your shift is over.

REMINDERS:

- You may 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 and have to cancel, notify the SMP staff as soon as possible.
- Transportation is **NOT** provided. You must get there on your own.

SMP/ MVP 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:** _____ **COMIC CON MEMBER ID** _____

MARITAL STATUS INFORMATION (CIRCLE ONE):

AD Single/ GeoBach AD Married Civilian Spouse

SMP/ MVP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

YES **NO** If yes, please explain: _____

2. Are you currently taking any medication?

YES **NO** If yes, please list all medications: _____

3. Do you have any allergies?

YES **NO** If yes, please explain: _____

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

SNCO OR ABOVE NAME (LAST, FIRST, RANK) _____

UNIT: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THIS SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

SNCO OR ABOVE SIGNATURE: _____ **DATE:** _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the front desk of The Active Duty Rec Center, Bldg. 5305 or the Marine Corps Family Team Building, Bldg. 2525.** Return digital waivers to**

ombmiramarsmp@usmc-mccs.org or rizza.chapman@usmc.mil

DEADLINE TO SUBMIT THIS VOLUNTEER FORM: Friday, 26 June BY 1630

Authorized patrons of all abilities are welcomed. Please contact SMP/MVP 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 SMP Office at (858) 307-6283 or SMP Cell at (858) 287-4375 or email at ombmiramarsmp@usmc-mccs.org. For MVP inquires contact [858-243-5283](tel:858-243-5283) or rizza.chapman@usmc.mil

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **STAFF INITIALS:** _____

COMIC-CON 2026

VOLUNTEER OPPORTUNITY

Thursday, 23 July 2026 – Sunday, 26 July 2026

I, _____ will adhere to the San Diego Comic-Con policies which include:

PRINT FULL NAME

- I WILL NOT GIVE MY BADGE TO SOMEONE ELSE
- I WILL NOT SELL MY BADGE
- I WILL NOT ABUSE MY PASS FOR SELFISH REASONS
- I WILL ACT PROFESSIONALLY AND COURTEOUSLY
- I WILL NOT BRING A SELFIE STICK (banned)
- I WILL NOT BRING A STROLLER
- I WILL NOT BRING A COSTUME TO VOLUNTEER (you can change into it later)
- I WILL NOT SMOKE, VAPE, OR DIP ANYWHERE IN OR AROUND THE CONVENTION

I, _____ will uphold the following and I am signing to state that

PRINT NAME

I am representing MCAS Miramar and the USMC.

- I will show up on time and ready to work my assigned times and dates.
- I will work the shift given to me with excitement, honesty, integrity.
- I will dress in proper civilian attire, including closed toe shoes.

Select which program you will be volunteering with:

(Check ONE) MVP SMP

Signature

Date

FOR STAFF USE ONLY

Received by: _____ Date Received: _____ Time Received: _____

Eventbrite Registration: MVP SMP

There are 4 easy steps you MUST COMPLETE to volunteer at 2026 Comic-Con

PLEASE NOTE: VOLUNTEERS MUST COMPLETE STEPS 1 & 2 by the deadline (26 June 2026) to be eligible to participate in this volunteer opportunity. Volunteer paperwork must be submitted to SMP / MVP no later than COB **26 June 2026**.

Step 1. CREATE a Comic-Con member ID: Comic-Con member ID. This must be done **BEFORE** you complete Step #2 (Eventbrite page). See below on how to do it.

Step #1 INSTRUCTIONS – To verify your Comic-Con Member #:

Go to www.comic-con.org. You may need to go to the menu box on the top right and choose go back to main page.

- a) Click on Member ID (located in the top right corner)
- b) The page will say **MEMBER ID – PORTAL**– Click on **Login** or **Create**.

If you do NOT have a member ID:

- Click on **CREATE**
- Complete the form and submit.
- Create a member ID. NOTE: your member ID can be a name, numbers (you can be creative).
- **Be sure you write down the Member ID**, as you will need it when completing other steps.
- Complete the information on the page.

Step 2. COMPLETE Commitment Forms: 1) Wavier Form, 2) Commitment Form, 3) DD-2793 Volunteer Agreement Form. Turn in by the deadline (**26 June 2026**) to the Active Duty Recreation Center (BLDG 5305) or Installation Volunteer Coordinator (BLDG 2525). Please note which volunteer group (MVP or SMP) you will be volunteering with. Single/ GeoBach is SMP and Married/ CIV/ Spouse is MVP.

Step 3. RECEIVE an E-mail confirmation: If you have been selected to volunteer at Comic-Con, you will receive an email from Comic-Con International congratulating you on being selected. E-mails will be sent the following week after 26 June 2026. If you have not completed steps 1 & 2, you will not get an e-mail confirmation.

Step 4. ATTEND Mandatory Meeting: You MUST attend **ONE** of the scheduled **mandatory Comic-Con meetings**. You will receive an e-mail with the days and times. (They will be held the week before Comic-Con).

If you do not attend a meeting, you will NOT be able to volunteer at Comic-Con 2026.

COMIC-CON 2026 VOLUNTEER OPPORTUNITY INFORMATION

Thursday, 23 July 2026 – Sunday, 26 July 2026

GUIDELINES TO VOLUNTEERING AT COMIC-CON

- 1. WHAT:** Volunteer Opportunity at Comic-Con International, San Diego, CA
- 2. WHO:** Active Duty Single/ GeoBach Service Members (SMP). Active Duty Married Service Members, Civilians and Spouses (MVP). Priority to active duty service members (MVP).
- 3. WHEN:** Thursday, 23 July 2025 – Sunday, 26 July 2026
- 4. WHERE:** San Diego Convention Center
- 5. HOW:** Complete **ALL FOUR REQUIRED STEPS**.
 - **CREATE** Comic-Con Member ID (www.comic-con.org). Step #1 **MUST** be completed before going to Step #2.
 - **COMPLETE and TURN IN** Comic-Con Commitment Forms.
 - **RECEIVE** an e-mail confirmation.
 - **ATTEND** one of the mandatory meetings.
- 6. QUESTIONS?** For additional information:
 - Read the FAQ page
 - **AD Single/ GeoBach:** Call Active Duty Recreation Center @ 858-307-6283 or 858-287-4375
 - **AD Married, Civilian, Spouse:** Call the Miramar Volunteer Program office @ 858-307-4473 or 858-243-5238
- 7. COMMITMENT FORMS:**
 - ALL Volunteers **MUST** complete and submit a Comic-Con Commitment form. All forms **MUST** be submitted to SMP or MVP no later than **26 June 2026**. There will be two groups from Miramar volunteering at Comic-Con. 1) SMP 2) MVP.
- 8. MEETING ATTENDANCE:**
 - Volunteers must attend **ONE** of the mandatory informational meetings. Dates and times to be determined.

NOTE: You MUST be able to volunteer all four days

COMIC-CON 2026 VOLUNTEER OPPORTUNITY FREQUENTLY ASKED QUESTIONS (FAQs)

Thursday, 23 July 2026 – Sunday, 26 July 2026

WHO CAN SIGN UP?

This volunteer opportunity is available to all active duty enlisted service members through SMP and all eligible patrons through the Miramar Volunteer Program (MVP).

Active duty are given first priority.

HOW MANY DAYS WILL I BE VOLUNTEERING?

You are committing to **ALL** four days

IS THERE A PRIOTIY LIST?

MVP will give priority to Active Duty.

DO I NEED A COMIC-CON MEMBER ID?

YES!! You will need to create a Comic-Con member ID

WILL FOOD/BBEVERAGES BE PROVIDED?

No meals will be provided. There are many vendors in and around the conventions center. You may bring in your own food and drinks. You must carry around everything you bring with you.

HOW WILL I KNOW IF I HAVE BEEN SELECTED?

You will receive a confirmation E-MAIL from **Rizza Chapman (rizza.chapman@usmc.mil)** or **SMP (ombmiramarsmp@usmc-mccs.org)** letting you know further details. You will then receive a mandatory meeting E-MAIL with dates and times.

AM I ALLOWED TO COSPLAY?

Yes, however you are required to wear proper civilian attire while you are volunteering. You may bring your cosplay with you and change after your volunteer shift is complete.

HOW MANY HOURS WILL I BE VOLUNTEERING?

You will be required to volunteer for 4 hours per day. The shift times and number of hours are subject to change and are based on the needs of Comic-Con.

WILL I GET AN LOA FOR VOLUNTEERING AT COMIC-CON?

No, since you will be admitted to Comic-Con. However, your hours do count towards the annual PVSA. Contact your designated POC for more details.

WILL THERE BE TRANSPORTATION PROVIDED?

Unfortunately, there is no transportation. We suggest you carpool or take the trolley downtown. More transportation options will be discussed at the mandatory meeting.

IF I AM NOT CHOSEN, WILL THERE BE A WAITING LIST?

Yes, there will be a waiting list. However, once the finalized list has been sent to Comic-Con it cannot be changed.

If a volunteer becomes unable to attend a replacement cannot be sent.



SMP Dinner - Hawaiian BBQ

VOLUNTEER OPPORTUNITY

TUESDAY, 28 JULY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

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

WHAT: 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, 28 JULY 2026; 1630-2000

MEET: 1630 @ The Active Duty Recreation Center (BLDG 5305) (IMPORTANT – PLEASE BE PROMPT).

DRESS ATTIRE: Comfortable, closed toed shoes, SMP 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.
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- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff 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: _____ **WORK PHONE NUMBER:** _____ **CELL PHONE NUMBER:** _____

MARITAL STATUS INFORMATION:

CIRCLE ONE: _____ SINGLE _____ GEOGRAPHICAL BACHELOR _____

SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer 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 medications: _____

3. Do you have any allergies?

Circle One: YES NO If yes, please explain: _____

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

SNCO OR ABOVE NAME (LAST, FIRST, RANK) _____

UNIT: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THE SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

SNCO OR ABOVE SIGNATURE: _____ **DATE:** _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at The Active Duty Rec Center, Bldg. 5305 (The HUB). **Return digital waivers to ombmiramarsmp@usmc-mccs.org**
DEADLINE TO SUBMIT THIS VOLUNTEER FORM: FRIDAY, 24 JULY 2026 BY 1600**

Emailed, faxed, and scanned waivers will *not* be accepted.

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 SMP Office at [\(858\) 307-6283](tel:8583076283)

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **STAFF INITIALS:** _____

