



# WHEELCHAIR REGATTA

## VOLUNTEER OPPORTUNITY

### SUNDAY, 14 JUNE 2026



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 50 MCAS Miramar **ALL ACTIVE DUTY** Service Members

**WHAT:** Wheelchair Regatta – Volunteers will be assisting San Diego residents who are physically and/or mentally disabled on and off yachts for a nice day on the San Diego bay. Some guests will be in wheelchairs. Physically demanding event. Those with injuries may not be able to participate. Breakfast, lunch, water is provided.

**WHEN:** Sunday, 14 June; 0700-1530

**MEET:** 0700 @ The Active Duty Rec Center - (**IMPORTANT – PLEASE BE PROMPT**)

**DRESS ATTIRE:** Comfortable, appropriate civilian attire, **closed toe shoes**, hat, sunglasses, sunscreen. We will be outside ALL day!

**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.
- Transportation is provided and required - no exceptions.
- 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:** \_\_\_\_\_ **T-SHIRT SIZE:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**MARITAL STATUS INFORMATION (CIRCLE ONE):**

SINGLE

Geo Bachelor

Married

#### 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 EMERGENCY CONTACT

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

\*\*SNCO OR ABOVE SIGNATURE IS NOT REQUIRED ON THIS VOLUNTEER FORM\*\*

**\*\*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.\*\* Return digital waivers to ombmiramarsmp@usmc-mccs.org**

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: WEDNESDAY, 10 JUNE BY 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 SMP Office at [\(858\) 307-6283](tel:8583076283)

#### BELOW FIELDS FOR OFFICE USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_ **STAFF INITIALS:** \_\_\_\_\_





# Build-A-Blend

## VOLUNTEER OPPORTUNITY

### THURSDAY, 17 JUNE 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, 17 JUNE 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, 15 JUNE 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:** \_\_\_\_\_





# Garden of Innocence Annual Car Show

## VOLUNTEER OPPORTUNITY

### SUNDAY, 28 JUNE 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 5 MCAS Miramar **SINGLE and/or GEO-BACHELOR** Service Members

**WHAT:** Garden of Innocence 10th Annual Classic Car Show - Support a touching cause by helping with the setup and breakdown of this charity car show. All proceeds benefit the Garden of Innocence, a nonprofit that provides dignified burials for abandoned babies. Food will be provided for all volunteers.

**WHEN:** Sunday, 28 June; 0600-1500

**MEET:** 0600 @ The Active Duty Rec Center, Bldg 5305 - **(IMPORTANT - PLEASE BE PROMPT)**

**DRESS ATTIRE:** Comfortable, lightweight pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Please wear an 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 front desk of The Active Duty Rec Center Bldg. 5305 or the SMP Office.\*\***

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: WEDNESDAY, 24 JUNE BY 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 SMP Office at [\(858\) 307-6283](tel:8583076283)

#### BELOW FIELDS FOR OFFICE USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_ **STAFF INITIALS:** \_\_\_\_\_





# NMCRS Thrift Store

## VOLUNTEER OPPORTUNITY

### THURSDAY, 25 JUNE 2026



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 3 MCAS Miramar **ALL ACTIVE DUTY Service Members (INCLUDES: SINGLE, MARRIED, GEO-BACHELORS)**

**WHAT:** NMCRS Thrift Store – volunteers will assist the NMCRS Thrift Store by running the register, shredding uniforms, sorting/pricing donations, testing electronics, light construction (painting), cleaning the sales floor, monitoring building occupancy, checking patron's IDs, and other tasks/duties as assigned.

**WHEN:** Thursday, 25 June; 0930-1300 (LUNCH PROVIDED BY SMP - NOTIFY US BELOW OF ANY FOOD ALLERGIES)

**MEET:** 0930 @ the NMCRS Thrift Store - (IMPORTANT – PLEASE BE PROMPT).

**DRESS ATTIRE:** Comfortable, lightweight pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Volunteer shirts will be given out at each day/shift and required to wear.

#### 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 wait list, 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: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

#### MARITAL STATUS INFORMATION (CIRCLE ONE):

SINGLE

Geo 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.)

**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 SMP office located in The Active Duty Rec Center, BLDG. 5305.**

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: TUESDAY, 23 June 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: \_\_\_\_\_





# SMP Dinner - Firehouse Subs

## VOLUNTEER OPPORTUNITY

### TUESDAY, 30 JUNE 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, 30 JUNE 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.
- 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 Active Duty Rec Center, Bldg. 5305 (The HUB). \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\*  
**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: FRIDAY, 26 JUNE 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:** \_\_\_\_\_

