



New Year's Polar Plunge

SMP TRIP

Thursday, 1 January 2026



SMP TRIP INFORMATION

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

WHAT: New Year's Polar Plunge @ La Jolla Shores, Kellogg Park - Participants will kick off the New Year with a cold plunge into the ocean and have the option to indulge in the potluck afterwards. Recommended to bring a towel and change of clothes.

WHEN: 0900-1200; Thursday, 1 January 2026

MEET: 0900 @ The Semper Fit Admin Building, Bldg. 2525 next to HITT Center

(IMPORTANT – PLEASE BE PROMPT).

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

DEADLINE TO SUBMIT THIS FORM: Tuesday, 30 DECEMBER 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: _____



Medieval Times

SMP TRIP

SATURDAY, 3 JANUARY 2026



SMP TRIP INFORMATION

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

WHAT: FREE Trip to Medieval Times, Buena Park

WHEN: Saturday, 3 January 2026; 1330-2030

MEET: 1330 @ 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 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 Semper Fit Admin Building, bldg.2525.** Return digital waivers to ombmiramarsmp@usmc-mccs.org**

DEADLINE TO SUBMIT THIS FORM: THURSDAY, 1 JANUARY 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:** _____



CYP BEAUTIFICATION PROJECT

VOLUNTEER OPPORTUNITY

SATURDAY, 17 JANUARY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 10 MCAS Miramar **SINGLE and/or GEO-BACHELOR** Service Members

WHAT: CYP Beautification Project - Volunteers will assist CYP in improving the walkway in front of their building. Volunteers will help move rocks, install pavers and then move that rocks back onto the paved path.

WHEN: Saturday, 17 January, 0900-1300

MEET: 0900 @ The Semper Fit Admin Building - **(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: THURSDAY, 15 JANUARY 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:** _____

VOLUNTEER AGREEMENT FOR

☐ **APPROPRIATED FUND ACTIVITIES** ☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

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) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY MCAS MIRAMAR	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS CYP Building	8. PROGRAM WHERE SERVICE OCCURS SMP	9. ANTICIPATED DAYS OF WEEK SATURDAY, 17 JANUARY	10. ANTICIPATED HOURS 0900-1300
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11. **DESCRIPTION OF VOLUNTEER SERVICES**

Volunteers will assist CYP in improving the walkway in front of their building. Volunteers will help ove rocks, install pavers and then move that rocks back onto the paved path.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION**

I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	



NMCRS Thrift Store

VOLUNTEER OPPORTUNITY

THURSDAY, 22 JANUARY 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, 22 January; 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

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.)

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 Semper Fit Admin Building, BLDG. 2525, next to the HITT Center.**

DEADLINE TO SUBMIT THIS VOLUNTEER FORM: Tuesday, 20 January by 1600

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) or SMP Cell at [\(858\) 287-4375](tel:8582874375)

BELOW FIELDS FOR OFFICE USE ONLY

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

VOLUNTEER AGREEMENT FOR

☐ **APPROPRIATED FUND ACTIVITIES** ☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>)	2. NAME OF PARENT/GUARDIAN (<i>If volunteer is under age 18</i>) (<i>Last, First Middle Initial</i>)	3. VOLUNTEER IS (<i>Select one</i>) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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4. TELEPHONE NUMBER (<i>Include Area Code</i>)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (*to be completed by Accepting Official*)

6. INSTALLATION/COMPONENT ACTIVITY MCAS MIRAMAR	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS NMCRS Thrift Store	8. PROGRAM WHERE SERVICE OCCURS SMP	9. ANTICIPATED DAYS OF WEEK Thursday, 22 January	10. ANTICIPATED HOURS 0930 - 1300
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11. **DESCRIPTION OF VOLUNTEER SERVICES**
SMP 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.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION**
I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (<i>if volunteer is under age 18</i>)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (<i>2,087 hours = 1 year</i>)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (<i>If volunteer is under age 18</i>)	17.a. NAME OF SUPERVISOR (<i>Last, First, Middle Initial</i>)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	



SMP Monthly Dinner

VOLUNTEER OPPORTUNITY

TUESDAY, 27 JANUARY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 2 MCAS Miramar Active Duty **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, 27 January; 1630-1930

MEET: 1630 @ The Semper Fit Admin Building BLDG 2525 (**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 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

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.)

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 inside the Semper Fit Admin Building, BLDG 2525.** Return digital waivers to ombmiramarsmp@usmc-mccs.org**

DEADLINE TO SUBMIT THIS VOLUNTEER FORM: Friday, 23 JANUARY BY 1600

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) or SMP Cell at [\(858\) 287-4375](tel:8582874375)

BELOW FIELDS FOR OFFICE USE ONLY

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

VOLUNTEER AGREEMENT FOR

☐ **APPROPRIATED FUND ACTIVITIES** ☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>)	2. NAME OF PARENT/GUARDIAN (<i>If volunteer is under age 18</i>) (<i>Last, First Middle Initial</i>)	3. VOLUNTEER IS (<i>Select one</i>) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
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4. TELEPHONE NUMBER (<i>Include Area Code</i>)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (*to be completed by Accepting Official*)

6. INSTALLATION/COMPONENT ACTIVITY MCAS MIRAMAR	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS Fairway Cafe	8. PROGRAM WHERE SERVICE OCCURS SMP	9. ANTICIPATED DAYS OF WEEK Tuesday, 27 January	10. ANTICIPATED HOURS 1630-2130
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11. **DESCRIPTION OF VOLUNTEER SERVICES**

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.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION**

I expressly agree that my services (or those of my minor child) are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (<i>if volunteer is under age 18</i>)	c. DATE SIGNED (YYYYMMDD)
13.a. NAME OF ACCEPTING OFFICIAL (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (<i>2,087 hours = 1 year</i>)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (<i>If volunteer is under age 18</i>)	17.a. NAME OF SUPERVISOR (<i>Last, First, Middle Initial</i>)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	