



SPECIAL OLYMPICS

VOLUNTEER OPPORTUNITY

SATURDAY, 2 MAY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

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

WHAT: Marines volunteers will be helping with timing races, supporting field events, and keeping the day running smoothly. It's a high energy event and a fun way to directly support our athletes at Mission Bay High School.

WHEN: Saturday, 2 May; 0830-1500

MEET: 0800 @ The Active Duty Rec Center, BLDG. 5305 - **(IMPORTANT – PLEASE BE PROMPT)**

DRESS ATTIRE: FULL CAMMIES TO INCLUDE COVERS. You will drop down to Boots & Utes once we arrive at the school. Highly recommend to bring your green sweat top as it can be very cold in the early mornings. Please wear a PLAIN GREEN skivvy shirt or an SMP shirt IF you already have one. We do not have any to give out. No unit or rank insignias on your t-shirts. Must be a plain shirt

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

DEADLINE TO SUBMIT THIS VOLUNTEER FORM: APRIL 30, 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:** _____



UFC FIGHT NIGHT

VOLUNTEER OPPORTUNITY

SATURDAY, 9 MAY 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 6 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members

WHAT: volunteers will assist the SMP with set up/tear down for UFC Fight Night Event, check in Marines, pass upcoming SMP information/events, hand out food.

WHEN: Saturday, 9 May 2026; 1430-2130

MEET: 1430 at the Active-Duty Rec Center (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: THURSDAY, 7 MAY 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:** _____



Surf Lessons

SMP TRIP

Tuesday, 19 May 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: Tuesday, 19 May : 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)

- 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: _____
- Are you currently taking any medication?
YES NO If yes, please list all medications: _____
- 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: FRIDAY, 15 MAY 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: _____



SMP Dinner- Phill's BBQ

VOLUNTEER OPPORTUNITY



TUESDAY, 26 MAY 2026

SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 6 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, 26 MAY 2026; 1630-2030

MEET: 1630 at the Active- Duty Re Ccenter (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, 22 MAY 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:** _____



K1 Circuit

SMP TRIP

SATURDAY, 23 MAY 2026



SMP TRIP INFORMATION

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

WHAT: SMP will take 10 Marines to K1 Circuit in LA, \$80/person, includes 3 races, annual license, transportation, gear rental and personal gloves and head socks.

WHEN: 23 MAY 2026; 0730-1530

MEET: 0730 @ The Active Duty Rec Center, Bldg. 5305 in the HUB (IMPORTANT – PLEASE BE PROMPT).

DRESS ATTIRE: Comfortable civilian attire. Closed toe shoes, no crocs.

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 at the HUB. **Return digital waivers to ombmiramarsmp@usmc-mccs.org**

DEADLINE TO SUBMIT THIS FORM: TUESDAY 19 MAY 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: _____



PE FITNESS CHALLENGE

VOLUNTEER OPPORTUNITY

FRIDAY, 15 May 2026



SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 40 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members
WHAT: PE Fitness Challenge – volunteers take over PE class! Volunteers will set up 4 obstacle courses at a local elementary or middle school to encourage physical fitness fun! Volunteers are running through the courses and instructing kids how to safely/ properly run through them.

WHEN: Friday, 15 May 2026; 0600-1600

MEET: 0600 @ The Active Duty Rec Center, BLDG. 5305 - (IMPORTANT – PLEASE BE PROMPT)

DRESS ATTIRE: FULL CAMMIES TO INCLUDE COVERS. You will drop down to Boots & Utes once we arrive at the school. Highly recommend to bring your green sweat top as it can be very cold in the early mornings. Please wear a PLAIN GREEN skivvy shirt or an SMP shirt IF you already have one. We do not have any to give out. No unit or rank insignias on your t-shirts. Must be a plain shirt

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. **Return digital waivers to ombmiramarsmp@usmc-mccs.org****
DEADLINE TO SUBMIT THIS VOLUNTEER FORM: WEDNESDAY, 13 MAY 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: _____
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Build-A-Blend

VOLUNTEER OPPORTUNITY

THURSDAY, 7 MAY 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 smoothie stations, checking guests in, giving out tickets and prizes, and clean up at the end of the event.

WHEN: THURSDAY, 7 MAY 2026; 1000-1300

MEET: 1000 @ Rucker's SNCO Club (next to the Golf Course) (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: TUESDAY, 5 MAY 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:** _____



NMCRS Thrift Store

VOLUNTEER OPPORTUNITY

THURSDAY, 21 MAY 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, 16 APRIL; 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 Active Duty Rec Center, BLDG. 5305.**

DEADLINE TO SUBMIT THIS VOLUNTEER FORM: TUESDAY, 19 MAY 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:** _____

