SINGLE MARINE PROGRAM MCAS MIRAMAR - VOLUNTEER FORM

Sweets and Succulents
VOLUNTEER OPPORTUNITY
Wednesday, 4 November 2026

SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: 3 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members
WHAT: Sweets and Succulents – volunteers will assist the SMP with set up/tear down of our event Sweets and Succulents, check in Marines, pass upcoming SMP information/events, other tasks as assigned.
WHEN: Wednesday, 04 November; 1630-2000
MEET: 1630 @ The Active Duty Recreation Center BLDG 5305- (IMPORTANT – PLEASE BE PROMPT)
DRESS ATTIRE: Comfortable pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Please wear an SMP T Shirt if you have one.

• 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 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: FRIDAY, 30 OCTOBER 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 or SMP Cell at (858) 287-4375

BELOW FIELDS FOR OFFICE USE ONLY

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

FILL OUT EACH HIGHLIGHTED SECTION

FOR OFFICIAL USE ONLY

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://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.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://dpcld.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)* ☐ **AGE 18 OR OVER** ☐ **UNDER AGE 18**

4. **TELEPHONE NUMBER** *(Include Area Code)*	5. **E-MAIL ADDRESS**

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. **INSTALLATION/COMPONENT ACTIVITY**	7. **ORGANIZATION/UNIT WHERE SERVICE OCCURS**	8. **PROGRAM WHERE SERVICE OCCURS**	9. **ANTICIPATED DAYS OF WEEK**	10. **ANTICIPATED HOURS**
MCAS MIRAMAR		SMP	Wednesday	1630-2000

11. DESCRIPTION OF VOLUNTEER SERVICES

Sweets and Succulents – volunteers will assist the SMP with set up/tear down of our event Sweets and Succulents, check in Marines, pass upcoming SMP information/events, other tasks 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** *(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)*

SMP FRIENDSGIVING
VOLUNTEER OPPORTUNITY
TUESDAY, 17 NOVEMBER 2026

SMP VOLUNTEER OPPORTUNITY INFORMATION

WHO: **5 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members**
WHAT: **SMP Event - FRIENDSGIVING –** volunteers will assist the SMP by serving food, checking in guests, setting up/ tearing down, and other tasks as assigned.
WHEN: **Tuesday, 17 November; 1600-2100**
MEET: **1600 @ The Active Duty Rec Center - (IMPORTANT – PLEASE BE PROMPT)**
DRESS ATTIRE: Comfortable, appropriate civilian attire, closed toe shoes with an SMP shirt if you have one. Please pull your hair back if you have long hair.
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: FRIDAY, 13 NOVEMBER BY 1630

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

BELOW FIELDS FOR OFFICE USE ONLY

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

FILL OUT EACH HIGHLIGHTED SECTION

FOR OFFICIAL USE ONLY

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://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.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://dpcld.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)* ☐ **AGE 18 OR OVER** ☐ **UNDER AGE 18**

4. **TELEPHONE NUMBER** *(Include Area Code)*	5. **E-MAIL ADDRESS**

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. **INSTALLATION/COMPONENT ACTIVITY**	7. **ORGANIZATION/UNIT WHERE SERVICE OCCURS**	8. **PROGRAM WHERE SERVICE OCCURS**	9. **ANTICIPATED DAYS OF WEEK**	10. **ANTICIPATED HOURS**
MCAS MIRAMAR		SMP	Tuesday, 17 November	1600 - 2100

11. DESCRIPTION OF VOLUNTEER SERVICES

SMP Event - FRIENDSGIVING – volunteers will assist the SMP by serving food, checking in guests, setting up/ tearing down, and other tasks 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** *(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)*

SINGLE MARINE PROGRAM MCAS MIRAMAR - VOLUNTEER FORM

NMCRS Thrift Store

VOLUNTEER OPPORTUNITY

THURSDAY, 19 NOVEMBER 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, 19 November; 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,17 November 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:**_____

FILL OUT EACH HIGHLIGHTED SECTION

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

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

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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)* ☐ **AGE 18 OR OVER** ☐ **UNDER AGE 18**

4. **TELEPHONE NUMBER** *(Include Area Code)*	5. **E-MAIL ADDRESS**

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. **INSTALLATION/COMPONENT ACTIVITY**	7. **ORGANIZATION/UNIT WHERE SERVICE OCCURS**	8. **PROGRAM WHERE SERVICE OCCURS**	9. **ANTICIPATED DAYS OF WEEK**	10. **ANTICIPATED HOURS**
MCAS MIRAMAR	NMCRS Thrift Store	SMP	Thursday, 19 November	0930 - 1300

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** *(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)*

SINGLE MARINE PROGRAM MCAS MIRAMAR – TRIP WAIVER FORM

LA Auto Show & Little Tokyo

SMP TRIP

SATURDAY, 28 NOVEMBER 2026

SMP TRIP INFORMATION

WHO: **10** Single or Unaccompanied Service Members stationed aboard MCAS Miramar
WHAT: LA Auto Show and Little Tokyo, Tickets will be $25 and available for purchase online.
WHEN: **Saturday, 28 November 2026; 1000-2200**
MEET: 0945 @ The ADRC, The Hub BLDG 5305 (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:	EMAIL ADDRESS (WORK OR PERSONAL):
CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR	

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 trip form to a staff member at The Active Duty Rec Center, bldg.5305.** Return digital waivers to ombmiramarsmp@usmc-mccs.org**
DEADLINE TO SUBMIT THIS FORM: WEDNESDAY, 26 NOVEMBER 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:**_____