



# Disneyland SMP TRIP

## Saturday, 6 December 2025



### SMP TRIP INFORMATION

**WHO:** 35 Single or Unaccompanied Active Duty Service Members stationed aboard MCAS Miramar

**WHAT:** Disneyland Trip @ Anaheim, CA

**WHEN:** 1000-2200; Saturday, 6 December 2025

**MEET:** 1000 @ 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: Thursday 4 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: \_\_\_\_\_



# San Diego Symphony

## VOLUNTEER OPPORTUNITY

### TUESDAY, 9 DECEMBER 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

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

**WHAT:** Assist the Bob Hope Theater staff in serving beverages, checking in guests, clean up, etc.

**WHEN:** Tuesday, 9 December; 1500-1830

**MEET:** 1430 @ Bob Hope Theater (**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 SMP staff member at The Semper Fit Admin Building, bldg. 2525. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org**

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: Friday, 5 DECEMBER 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 or SMP Cell at (858) 287-4375

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

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>  MCAS MIRAMAR	7. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>  Bob Hope Theater	8. <b>PROGRAM WHERE SERVICE OCCURS</b>  SMP	9. <b>ANTICIPATED DAYS OF WEEK</b>  Tuesday, 9 December	10. <b>ANTICIPATED HOURS</b>  1500-1830
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11. **DESCRIPTION OF VOLUNTEER SERVICES**

Assist the Bob Hope Theater staff in serving beverages, checking in guests, clean up, etc.

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

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

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



# PE FITNESS CHALLENGE

## VOLUNTEER OPPORTUNITY

### FRIDAY, 12 DECEMBER 2025



#### 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, 12 December; 0600-1600

**MEET:** 0530 @ The Semper Fit Admin Building located next to the HITT Center - **(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, 10 DECEMBER 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. <b>NAME OF VOLUNTEER</b> ( <i>Last, First, Middle Initial</i> )	2. <b>NAME OF PARENT/GUARDIAN</b> ( <i>If volunteer is under age 18</i> ) ( <i>Last, First Middle Initial</i> )	3. <b>VOLUNTEER IS</b> ( <i>Select one</i> )  <input type="checkbox"/> <b>AGE 18 OR OVER</b> <input type="checkbox"/> <b>UNDER AGE 18</b>
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4. <b>TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )	5. <b>E-MAIL ADDRESS</b>
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**PART II - VOLUNTEER ASSIGNMENT** (*to be completed by Accepting Official*)

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>  MCAS MIRAMAR	7. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>  Wangenheim Middle School	8. <b>PROGRAM WHERE SERVICE OCCURS</b>  SMP	9. <b>ANTICIPATED DAYS OF WEEK</b>  FRIDAY, 12 December	10. <b>ANTICIPATED HOURS</b>  0600-1600
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**11. DESCRIPTION OF VOLUNTEER SERVICES**

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.

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

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

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



# NMCRS Thrift Store Santa's Helper

## VOLUNTEER OPPORTUNITY

### SATURDAY, 13 DECEMBER 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO: 12 MCAS Miramar ALL ACTIVE DUTY Service Members (INCLUDES: SINGLE, MARRIED, GEO-BACHELORS)**

**WHAT:** NMCRS Thrift Store Santa's Helper – 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: Saturday, 13 December; 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: Thursday, 11 December 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. <b>NAME OF VOLUNTEER</b> (Last, First, Middle Initial)	2. <b>NAME OF PARENT/GUARDIAN</b> (If volunteer is under age 18) (Last, First Middle Initial)	3. <b>VOLUNTEER IS</b> (Select one)  <input type="checkbox"/> <b>AGE 18 OR OVER</b> <input type="checkbox"/> <b>UNDER AGE 18</b>
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4. <b>TELEPHONE NUMBER</b> (Include Area Code)	5. <b>E-MAIL ADDRESS</b>
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**PART II - VOLUNTEER ASSIGNMENT** (to be completed by Accepting Official)

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>  MCAS MIRAMAR	7. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>  NMCRS Thrift Store	8. <b>PROGRAM WHERE SERVICE OCCURS</b>  SMP	9. <b>ANTICIPATED DAYS OF WEEK</b>  Saturday, 13 December	10. <b>ANTICIPATED HOURS</b>  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. <b>SIGNATURE OF VOLUNTEER</b>	b. <b>SIGNATURE OF PARENT/GUARDIAN</b> (if volunteer is under age 18)	c. <b>DATE SIGNED</b> (YYYYMMDD)
13.a. <b>NAME OF ACCEPTING OFFICIAL</b> (Last, First, Middle Initial)	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED</b> (YYYYMMDD)

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

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



# SMP HOLIDAY CELEBRATION

## VOLUNTEER OPPORTUNITY

### THURSDAY, 18 DECEMBER 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

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

**WHAT:** SMP Holiday Celebration – volunteers will assist the SMP with set up/tear down of our yearly SMP Holiday Celebration, check in Marines, pass along upcoming SMP information/events, wrap gifts and hand out food.

**WHEN:** Thursday, 18 December; 1730 - 2000

**MEET:** 1730 @ The Miramar Room - **(IMPORTANT – PLEASE BE PROMPT)**

**DRESS ATTIRE:** Comfortable, appropriate civilian attire, closed toe shoes .

**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**

**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 SMP 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, 16 DECEMBER

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**

**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. <b>NAME OF VOLUNTEER</b> (Last, First, Middle Initial)	2. <b>NAME OF PARENT/GUARDIAN</b> (If volunteer is under age 18) (Last, First Middle Initial)	3. <b>VOLUNTEER IS</b> (Select one)  <input type="checkbox"/> <b>AGE 18 OR OVER</b> <input type="checkbox"/> <b>UNDER AGE 18</b>
---	---	--

4. <b>TELEPHONE NUMBER</b> (Include Area Code)	5. <b>E-MAIL ADDRESS</b>
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**PART II - VOLUNTEER ASSIGNMENT** (to be completed by Accepting Official)

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>	7. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	8. <b>PROGRAM WHERE SERVICE OCCURS</b>	9. <b>ANTICIPATED DAYS OF WEEK</b>	10. <b>ANTICIPATED HOURS</b>
MCAS MIRAMAR	Miramar Room	SMP	Thursday, 18 December	1730-2000

11. **DESCRIPTION OF VOLUNTEER SERVICES**  
volunteers will assist the SMP with set up/tear down of our yearly SMP Holiday Celebration, check in Marines, pass along 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. <b>SIGNATURE OF VOLUNTEER</b>	b. <b>SIGNATURE OF PARENT/GUARDIAN</b> (if volunteer is under age 18)	c. <b>DATE SIGNED</b> (YYYYMMDD)
13.a. <b>NAME OF ACCEPTING OFFICIAL</b> (Last, First, Middle Initial)	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED</b> (YYYYMMDD)

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

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



# LA Clippers vs. Lakers

## SMP TRIP

### SATURDAY, 20 DECEMBER 2025



#### SMP TRIP INFORMATION

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

**WHAT:** LA Clippers vs. Lakers Trip

**WHEN:** Saturday, 20 December 2025; 1400-0000

**MEET:** 1400 @ 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?

**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: THURSDAY, 18 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: \_\_\_\_\_



# MCX Gift Wrapping

## VOLUNTEER OPPORTUNITY

### SUNDAY, 21 DECEMBER 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

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

**WHAT:** MCX Gift Wrapping – SMP volunteers will assist SMP staff in wrapping gifts for all patrons aboard MCAS Miramar as well as assist in setup and tear down of our gift wrapping table.

**WHEN:** Sunday, 21 December; 1000-1400

**MEET:** 1000 @ 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:** \_\_\_\_\_ **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: FRIDAY, 19 DECEMBER 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

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

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>  MCAS MIRAMAR	7. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>  Main MCX	8. <b>PROGRAM WHERE SERVICE OCCURS</b>  SMP	9. <b>ANTICIPATED DAYS OF WEEK</b>  SUNDAY, 21 December	10. <b>ANTICIPATED HOURS</b>  1000-1400
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11. **DESCRIPTION OF VOLUNTEER SERVICES**

SMP volunteers will assist SMP staff in wrapping gifts for all patrons aboard MCAS Miramar as well as assist in setup and tear down of our gift wrapping table.

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

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

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



# Holiday Movie Night

## VOLUNTEER OPPORTUNITY

### WEDNESDAY, 24 DECEMBER 2025



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 2 MCAS Miramar Active Duty SINGLE and/or GEO-BACHELOR Service Members

**WHAT:** Holiday Movie Night - Volunteers will assist SMP staff with serving treats along with set-up and take-down of the Miramar Room.

**WHEN:** Wednesday, 24 December; 1800-2030

**MEET:** 1800 @ The Miramar Room located in the HUB - (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:** \_\_\_\_\_ **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 SMP Office located in the Semper Fit Admin Building next to the HITT Center. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\***

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: MONDAY, 22 DECEMBER 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 or email us at [ombmiramarsmp@usmc-mccs.org](mailto:ombmiramarsmp@usmc-mccs.org)

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

6. <b>INSTALLATION/COMPONENT ACTIVITY</b>  MCAS MIRAMAR	7. <b>ORGANIZATION/UNIT</b> WHERE SERVICE OCCURS  Miramar Room	8. <b>PROGRAM WHERE SERVICE OCCURS</b>  SMP	9. <b>ANTICIPATED DAYS OF WEEK</b>  Wednesday, 24 December	10. <b>ANTICIPATED HOURS</b>  1800-2030
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**11. DESCRIPTION OF VOLUNTEER SERVICES**

Volunteers will assist SMP staff with serving treats along with set-up and take-down of the Miramar Room.

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

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

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