SINGLE MARINE PROGRAM MCAS MIRAMAR - TRIP WAIVER FORM



DATE RECEIVED:

Disneyland SMP TRIP Saturday, 6 December 2025



SMP TRIP INFORMATION

VHO: 35 Single o	r Unaccompa	anied Active Duty	Service Members st	ationed aboard MCAS Miramar
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WHAT: Disneyland Trip @ Aneheim, 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 reply to any text messages from us in a timely man	receive a text message from ner. You may text/call the n	n our SMP Work Cell Phone (858 umber if you have any questions	3-287-4375), we ask that you s.
TRIP PARTICIPANT'S INFORMATION (I	PLEASE COMPLETE A	LL REQUIRED FIELDS BEL	OW & WRITE LEGIBLY)
OUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
JNIT: WO	ORK PHONE NUMBER:		CELL PHONE NUMBER:
MARITAL STATUS INFORMATION:		DRESS (WORK OR PERSON	IAL):
TRIP PARTICIPANT'S MEDICAL INFOR		IPLETE ALL REQUIRED FIF	FLDS & WRITE LEGIBLY)
Does the participant have any medical conditions	<u> </u>		<u> </u>
YES NO If yes, please explain:		aware or (for example, diabe	uc or surier from seizures.)
2. Are you currently taking any medication?			
YES NO If yes, please list all me			
 Do you have any allergies or dietary restric YES NO If yes, please explain: 	tions?		
ii yes, piease explain			
Large as a spire of the force Office to Compile a March of the	SMP TRIP CODE OF (- via - Day - vara (OMAD) tria d
I am required to be a Single Service Member or volunteer opportunities. I am required to take t (NO POVS). All Single Marine Program	he transportation provided b	by the Single Marine Program (S	MP to and from all SMP trips
I understand fully that while participating in this Program. I will conduct myself in such a way to he will be expected to act responsibly in a mature uncompromising code of personal integrity, accorpersonal demeanor shall be such that I may take understand that any misleading or incorrect	onor both. I know I will be he and dependable manner. I v untable for my actions and I e pride in my actions. I affirr	eld to a high standard of the utmostill be expected not to lie, cheat holding others accountable for the that all information entered on	ost ethical and moral behavior. I nor steal. I will adhere to an neirs. Both my professional and this form is true and correct. I
PARTICIPANT'S PRINTED NAME	PARTICIPAN'	T'S SIGNATURE	DATE
SNCO OF	R ABOVE PARTICIPATI	ON AUTHORIZATION	
I authorize the above Service Member to pa event. I will ensure the Service Membe	rticipate in this SMP oppo er listed above will show	ortunity and will hold them ac up on time, as this is their ap	countable for attending this pointed place of duty.
SNCO Last, First Name:		Contact Number:	
SNCO or above signature:		Date:	
**Please turn in the DD FORM 2793 volunteer Building, bldg. 2525. * DEADLINE TO: Authorized patrons of all abilities are wel	*Return digital waivers to SUBMIT THIS FORM: Thui	ombmiramarsmp@usmc-mcc	es.org
•	BELOW FIELDS FOR OFFIC		iodaliono are necessary.

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 INFORM	IATION (PLEASE COMPLETE	ALL REQUIRED FIELDS BELOW	& WRITE LEGIBLY)
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
UNIT:		CELL DUC	ONE NUMBER:
UNII:		CELL PRO	INE NUMBER:
MARITAL STATUS INFORMATION (MADDIED
	SINGLE		MARRIED
SMP VOLUNTEER MEDICAL INF	FORMATION (PLEASE COMPL	ETE ALL REQUIRED FIELDS BEI	LOW & WRITE LEGIBLY)
1. Does the participant have any medica	al conditions that we should be	aware of? (for example; diabetic or s	uffer from seizures.)
YES NO If yes, please explain:			
2. Are you currently taking any medication			
YES NO If yes, please list all med 3. Do you have any allergies?	lications:		
, ,			
ii yes, piease explain.			
	SNCO OR ABOVE PARTICIPA	ATION AUTHORIZATION	
BELOW F	FIELDS ARE TO BE FILLED OUT	BY YOUR SNCO OR ABOVE ONLY	<u>(</u>
SNCO OR ABOVE NAME (LAST, FIR	RST, RANK)		
UNIT: WOR	K PHONE.	CELL PHONE:	
Wen	AR FIIONL.	CELL FIIONE:	
I AUTHORIZE THE ABOVE SERVICE ME			
ACCOUNTABLE FOR ATTENDING THIS UP ON TIME, AS THIS IS THEIR APPOIN		SERVICE MEMBER LISTED ABO	VE WILL SHOW
,			
SNCO OR ABOVE SIGNATURE:		DATE:	
**Please turn in the DD FORM 2	2793 volunteer form that is atta	ached to this sheet to a SMP staf	f member at The Semper Fit
Admin Building, bldg. 2525. **R	Return digital waivers to ombm	niramarsmp@usmc-mccs.org	
DEADLINE TO	SUBMIT THIS VOLUNTEER F	ORM: Friday, 5 DECEMBER BY 1	600
Authorized patrons of all abilities are v	welcomed. Please contact SMI	P staff if reasonable accommoda	tions are necessary.
If you have any questions or challenges	regarding the volunteer opportu	inity up to the time of the event, plea	ase contact the SMP Office at
_	(858) 307-6283 or SMP Ce	ell at (858) 287-4375	
	BELOW FIELDS FOR O		
DATE RECEIVED:	TIME RECEIVED:	STAFF INITI	ALS:

		VOLU	INTEER AGREEM	NT FOR				
APPROPRIATED FUND A	CTIVITIES			NONAPPROPRIATED FUND INSTRUMENTALITIES				
		PRIV	ACY ACT STATE	//ENT				
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		PART 1	- GENERAL INFO	RMATION				
1. NAME OF VOLUNTEER (Last, First, Middle Initial)		ARENT/GUARD) (Last, First Mid	IAN (If volunteer is Idle Initial)					UNDER AGE 18
4. TELEPHONE NUMBER (Included)	e Area Code)		5. <mark>E-M</mark> .	AIL ADDRES	S			
	PART II - VO	DLUNTEER AS	SIGNMENT (to be o	completed by	Accepting	Official)		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZAT WHERE SEF	ION/UNIT RVICE OCCURS	8. PROGRAM W SERVICE OC		WEEK	ATED DAYS OF	10. ANTIC	CIPATED HOURS
MCAS MIRAMAR	Bob Hope Th	neater	SMP	SMP 1		Tuesday, 9 December		
11. DESCRIPTION OF VOLUNTE Assist the Bob Hope Theater st		rages, checking	in guests, clean up	, etc.				
		PART III -	VOLUNTEER CEF	RTIFICATION				
12. CERTIFICATION I expressly agree that my servic Government or any instrumentality to volunteer services, tort claims, the Fam neither entitled to nor expect an regulations applicable to voluntary and organization rules and procedu	thereof, except for Privacy Act, crimina y present or future service providers, t	certain purpose al conflicts of into salary, wages, o participate in a	s relating to comper erest, and defense or other benefits for any training required	nsation for injust of certain suits these volunta I to perform a	uries occur s arising ou ary services ssigned vo	ring during the per ut of legal malpract s. I agree to be boo	formance of tice. I expre und by the la	f approved essly agree that I aws and
a. SIGNATURE OF VOLUNTEER b. SIGNATURE OF Paragraphic volunteer is under a			PARENT/GUARDIAN (if c. DATE SIGNED (YYYYMMDD)					
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE		E		c. D	ATE SIGNED (YY	YYMMDD)		
PART IV - TO BE COM	PLETED AT END	OF VOLUNTEE	R'S SERVICE BY V	/OLUNTEER	SUPERVI	SOR AND SIGNE	D BY VOLU	INTEER
14. AMOUNT OF VOLUNTEER TIME DONATED	• YEARS. (2,087 h	nours = 1 year)	b. WEEKS	c. DAYS d. HOURS 15. SERVICE DATE (Y		VICE END E (YYYYMMDD)		
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is	17.a. NAME O	SUPERVISO t, Middle Initia	IN CITE	I PERVISOR'S SIGN	NATURE (c. DATE SIGNED (YYYYMMDD)
DD FORM 2793, MAR 2018		PRF\/IC	OUS EDITION IS O	RSOLETE			AEM Designer	Page 1 of 2



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:

DATE RECEIVED:

- 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	n a volunteer form/waiver and	Thave to cancer, notiny th	e SMP stall as soon as possible.	
SMP VOLUN	TEER INFORMATION (PL	EASE COMPLETE A	LL REQUIRED FIELDS BELOW	V & WRITE LEGIBLY)
YOUR NAME (LAST, FI	RST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
UNIT:	WORI	K PHONE NUMBER	R:	CELL PHONE NUMBER:
MARITAL STATUS INF	ORMATION:			
CIRCLE ONE:	SINGLE	GEOGRA	PHICAL BACHELOR	
SMP VOLUNTEER	MEDICAL INFORMATIO	N (PLEASE COMPLE	TE ALL REQUIRED FIELDS BI	ELOW & WRITE LEGIBLY)
1. Does the participant ha	ve any medical condition	s that we should be	aware of? (for example; diabetic or	suffer from seizures.)
2. Are you currently taking				
3. Do you have any allerg		ations:		<u></u> -
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SNCO OR ABOVE NAM	BELOW FIELDS ARI	R ABOVE PARTICIPA	TION AUTHORIZATION	LY)
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UNIT: I AUTHORIZE THE ABOVE ACCOUNTABLE FOR ATT AS THIS IS THEIR APPOIN	BELOW FIELDS ARI IE (LAST, FIRST, RANI WORK PHONE SERVICE MEMBER TO FENDING THIS EVENT. I NTED PLACE OF DUTY.	R ABOVE PARTICIPA E TO BE FILLED OUT K) E: PARTICIPATE IN TH WILL ENSURE THE	TION AUTHORIZATION BY YOUR SNCO OR ABOVE ON CELL PHONE: IE SMP VOLUNTEER OPPORT	UNITY AND WILL HOLD THEM BOVE WILL SHOW UP ON TIME,
UNIT: I AUTHORIZE THE ABOVE ACCOUNTABLE FOR ATT AS THIS IS THEIR APPOIN SNCO OR ABOVE SIGN **Please turn in the DD FO Rec Center	BELOW FIELDS ARI IE (LAST, FIRST, RANI WORK PHONE E SERVICE MEMBER TO FENDING THIS EVENT. I NTED PLACE OF DUTY. NATURE: DRM 2793 volunteer form r, Bldg 5305 or the SMP 0	E TO BE FILLED OUT K) PARTICIPATE IN THE WILL ENSURE THE: that is attached to the office. **Return digital.	TION AUTHORIZATION BY YOUR SNCO OR ABOVE ON CELL PHONE: E SMP VOLUNTEER OPPORT SERVICE MEMBER LISTED AB DATE:	UNITY AND WILL HOLD THEM BOVE WILL SHOW UP ON TIME,
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UNIT: I AUTHORIZE THE ABOVE ACCOUNTABLE FOR ATT AS THIS IS THEIR APPOIN SNCO OR ABOVE SIGN **Please turn in the DD FO Rec Cente	BELOW FIELDS ARI IE (LAST, FIRST, RANI WORK PHONE SERVICE MEMBER TO FENDING THIS EVENT. I NTED PLACE OF DUTY. NATURE: DRM 2793 volunteer form r, Bldg 5305 or the SMP (ADLINE TO SUBMIT THIS	E TO BE FILLED OUT K) E: PARTICIPATE IN THE STATE OF T	TION AUTHORIZATION BY YOUR SNCO OR ABOVE ON CELL PHONE: E SMP VOLUNTEER OPPORT SERVICE MEMBER LISTED AB DATE: DATE: It sheet to a staff member at the light waivers to ombmiramarsmp@id: WEDNESDAY, 10 DECEMBER	UNITY AND WILL HOLD THEM BOVE WILL SHOW UP ON TIME, the front desk of The Active Duty usmc-mccs.org** BY 1600

BELOW FIELDS FOR OFFICE USE ONLY

STAFF INITIALS:

VOLUNTEER AGREEMENT FOR								
APPROPRIATED FUND AG	CTIVITIES			NONAPPR	OPRIAT	TED FUND INSTRUME	NTALITIES	
		PRIV	ACY ACT STATE	EMENT				
AUTHORITY: 10 U.S.C. 1588, Auth Services in the Department of Defen PRINCIPAL PURPOSES(S): To ac Instrumentalities before a statutory ir ROUTINE USES: There are no specuses that are identified in each of the http://dpcld.defense.gov/Privacy/SOF Volunteers (at http://dpcld.defense.g Services Volunteer and Request Rec DISCLOSURE: Voluntary; however. voluntary services to Appropriated Fire	ise. knowledge and do ndividual is allowe cific routine uses a following system RNsIndex/DoD-wig pov/Privacy/SORN cord (at http://dpcl	ocument Volunteed to provide volu anticipated for these of records noticide-SORN-Articles IsIndex/DoD-wideld.defense.gov/P	eer Agreement for unteer services. nis information; ho ices: (1) A0608b e-View/Article/570 le-SORN-Article-Verivacy/SORNsIndement will limit Go	r Appropriate DWEVER, it ma DFSC, Perso 0084/a0608b- View/Article/5 dex/DOD-wid overnment su	ed Fund A ay be sub onal Affa -cfsc/); (2 570427/n de-SORN	Activities or Nonapprop bject to a number of pro airs: Army Community (2) NM01754-2, DON Fa nm01754-2/); and (3) Fi N-Article-View/Article/56	oriated Fund oper and nec Service Assi amily Suppo 1036 AFDPC 69815/f036-4	cessary routine istance Files (at ort Program , Family af-dp-c/).
		PART 1	- GENERAL INF	ORMATION	1			
1. NAME OF VOLUNTEER (Last, First, Middle Initial)		ARENT/GUARDI.) (Last, First Midd	I AN (If volunteer i dle Initial)		UNTEER lect one)		OVER	UNDER AGE 18
4. TELEPHONE NUMBER (Include	Area Code)		5. E- !	MAIL ADDRI	ESS			
	PART II - VC	DLUNTEER ASS	SIGNMENT (to be	completed b	by Accep	oting Official)		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATI WHERE SER	ION/UNIT RVICE OCCURS	l	I		TICIPATED DAYS OF EK	10. ANTIC	CIPATED HOURS
MCAS MIRAMAR	Wangenheim	n Middle School	SMP		FRIDA	AY, 12 December	0600-1600	ı
Volunteers take over PE class! Vo	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 CE	RTIFICATIO	ON			
12. CERTIFICATION I expressly agree that my service Government or any instrumentality th volunteer services, tort claims, the Pr am neither entitled to nor expect any regulations applicable to voluntary se and organization rules and procedure	nereof, except for or rivacy Act, criminal represent or future ervice providers, to	certain purposes al conflicts of inte salary, wages, o o participate in a ne voluntary servi	s relating to comperest, and defense or other benefits fo any training requir- rices I (or my mind	ensation for i e of certain so or these volu ed to perform or child) will b	injuries o uits arisii intary sei n assigne be provid	occurring during the per ing out of legal malprace ervices. I agree to be bo ed voluntary duties, and	rformance of ctice. I expre ound by the la	f approved essly agree that I aws and
a. SIGNATURE OF VOLUNTEER		b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)			f 	c. DATE SIGNED (YYYYMMDD)		
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE			c. DATE SIGNED (YYYYMMDD)					
PART IV - TO BE COMPI	LETED AT END (OF VOLUNTEEF	₹'S SERVICE BY	VOLUNTEE	ER SUPE	ERVISOR AND SIGNE	D BY VOLU	JNTEER
14. AMOUNT OF VOLUNTEER TIME DONATED	YEARS. (2,087 ho	ours = 1 year)	b. WEEKS	c. DAY	'S	d. HOURS	ı	VICE END E (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE (under age 18)	(If volunteer is	17.a. NAME ((Last, Fir	OF SUPERVI	ın	. SUPERVISOR'S SIGI	NATURE (c. DATE SIGNED (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.

It you have already turned in a voluntee	er form/waiver and have to cancel,	notify the SMP staff as soon as po	ssidie.			
SMP VOLUNTEER INFOR	MATION (PLEASE COMPLETE A	ALL REQUIRED FIELDS BELOW	& WRITE LEGIBLY)			
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:			
UNIT:		CELL PHO	ONE NUMBER:			
MARITAL STATUS INFORMATION	(CIRCLE ONE):					
MINICIPAL OTATION IN ORMATION	SINGLE		MARRIED			
SMP VOLUNTEER MEDICAL II	NFORMATION (PLEASE COMPL	ETE ALL REQUIRED FIELDS BE	LOW & WRITE LEGIBLY)			
1. Does the participant have any medi	cal conditions that we should be	aware of? (for example; diabetic or s	uffer from seizures.)			
YES NO If yes, please explain:						
Are you currently taking any medica						
	edications:					
3. Do you have any allergies?						
YES NO If yes, please explain:_						
	SNCO OR ABOVE PARTICIPA	TION AUTHORIZATION				
BELOW	FIELDS ARE TO BE FILLED OUT	BY YOUR SNCO OR ABOVE ONLY	<u>(</u>)			
<u>SNCO OR ABOVE</u> NAME (LAST, F	IRST, RANK)					
UNIT: WO	RK PHONE:	CELL PHONE:	<u>.</u>			
I AUTHORIZE THE ABOVE SERVICE IN ACCOUNTABLE FOR ATTENDING TH UP ON TIME, AS THIS IS THEIR APPO	IS EVENT. I WILL ENSURE THE	HIS SMP VOLUNTEER OPPORTU SERVICE MEMBER LISTED ABO	NITY AND WILL HOLD THEM VE WILL SHOW			
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 T	O SUBMIT THIS VOLUNTEER FO	ORM: Thursday, 11 December by	<mark>160</mark> 0			
•		SMP staff if reasonable accome	•			
If you have any questions or ch	allenges regarding the volunteer of SMP Office at (858) 307-6283 or S	opportunity up to the time of the eve MP Cell at (858) 287-4375	ent, please contact the			
	BELOW FIELDS FOR OI	FFICE USE ONLY				
DATE RECEIVED:	TIME RECEIVED:	STAFF INITI	ALS:			

		VOLU	NTEER AGREEME	NT FOR		-
APPROPRIATED FUND A	CTIVITIES		N	IONAPPROPRI	ATED FUND INSTRUME	ENTALITIES
		PRIV	ACY ACT STATEM	IENT		
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		PART 1	- GENERAL INFO	RMATION		
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4. TELEPHONE NUMBER (Include	e Area Code)		5. <mark>E-M</mark>	AIL ADDRESS		
	PART II - VO	DLUNTEER ASS	SIGNMENT (to be c	ompleted by Ac	cepting Official)	
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZAT WHERE SEF	ION/UNIT RVICE OCCURS	8. PROGRAM W SERVICE OC		NTICIPATED DAYS OF VEEK	10. ANTICIPATED HOURS
MCAS MIRAMAR	NMCRS Thri	ft Store	SMP		turday, 13 December	0930 - 1300
11. DESCRIPTION OF VOLUNTEE	R SERVICES					
SMP volunteers will assist the N light construction (painting), clea						
		PART III -	VOLUNTEER CER	TIFICATION		
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Pam neither entitled to nor expect any regulations applicable to voluntary seand organization rules and procedure.	nereof, except for rivacy Act, crimina present or future ervice providers, t	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to comper erest, and defense or or other benefits for any training required	nsation for injurie of certain suits a these voluntary to perform assi	es occurring during the per rising out of legal malprace services. I agree to be be gned voluntary duties, an	rformance of approved ctice. I expressly agree that I bund by the laws and
a. SIGNATURE OF VOLUNTEER b. SIGNATURE Of volunteer is und		c. DATE SIGNED (YYYYMM)		YYYMMDD)		
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE		=		c. DATE SIGNED (Y	YYYMMDD)	
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEE	R'S SERVICE BY V	OLUNTEER SU	JPERVISOR AND SIGNE	ED BY VOLUNTEER
14. AMOUNT OF VOLUNTEER a. TIME DONATED	YEARS. (2,087 h	oours = 1 year)	b. WEEKS			15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is	17.a. NAME OF (Last, First	SUPERVISOR , Middle Initial)	b. SUPERVISOR'S SIG	NATURE C. DATE SIGNED (YYYYMMDD)
DD FORM 2793, MAR 2018	L	PREVIO	OUS EDITION IS OF	SOLETE	1	AEM Designer Page 1 of 2



SMP HOLIDAY CELEBRATION

VOLUNTEER OPPORTUNI 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	N (PLEASE COMPLETE	ALL REQUIRED FIELDS BELOW	/ & WRITE LEGIBLY)
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
UNIT:			CELL PHONE NUMBER:
UNIT:			CLLE FIIONE NOMBER.
MARITAL STATUS INFORMATION:			
CIRCLE ONE:	SINGLE	GEOGRAPHICAL E	BACHELOR
SMP VOLUNTEER MEDICAL INFORM	MATION (PLEASE COMPL	ETE ALL REQUIRED FIELDS BI	ELOW & WRITE LEGIBLY)
1. Does the participant have any medical co	nditions that we should b	e aware of? (for example; diabetic	or suffer from seizures.)
<u>Circle One:</u> YES NO If yes, please explain:			
2. Are you currently taking any medication?	1		
Circle One: YES NO If yes, please list all m	edications:		
3. Do you have any allergies?			
Circle One: YES NO If yes, please explain:			
SNO	O OR ABOVE PARTICIPA	ATION AUTHORIZATION	
BELOW FIELDS	ARE TO BE FILLED OUT	BY YOUR SNCO OR ABOVE ONL	Y
SNCO OR ABOVE NAME (LAST, FIRST,	RANK)		
UNIT: WORK PI	HONE:	CELL PHONE:	
I AUTHORIZE THE ABOVE SERVICE MEMBE ACCOUNTABLE FOR ATTENDING THIS EVE AS THIS IS THEIR APPOINTED PLACE OF D	ER TO PARTICIPATE IN TI	HE SMP VOLUNTEER OPPORT	JNITY AND WILL HOLD THEM
SNCO OR ABOVE SIGNATURE:		DATE:	<u>.</u>
Please turn in the DD FORM 2793 volun	teer form that is attached		mber 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:

		VOLU	INTEER AC	GREEMEN	NT FOR				
APPROPRIATED FUND A	CTIVITIES			N	ONAPPROP	RIATED F	UND INSTRUME	NTALITIES	
		PR	IVACY AC	T STATE	MENT				
AUTHORITY: 10 U.S.C. 1588, Aut Services in the Department of Defe PRINCIPAL PURPOSES(S): To a before a statutory individual is allow ROUTINE USES: There are no spuses that are identified in each of the http://dpcld.defense.gov/Privacy/SC Volunteers (at http://dpcld.defense.Volunteer and Request Record (at Voluntary; however, lack of a signe to Appropriated Fund Activities and	nse. cknowledge and d ved to provide voluecific routine uses ne following syster DRNsIndex/DoD-w gov/Privacy/SORI http://dpcld.defens d Volunteer Agree	ertain voluntary soluntary solunteer services. anticipated for most of records now ide-SORN-Artical Solundes/DoD-wise.gov/Privacy/Solunder will limit Grund Instrumer	services; 5 teer Agreen this informa tices: (1) A cle-View/Art de-SORN-A SORNsInde	U.S.C. 31 nent for A ation; how A0608b D ticle/57006 Article-Vie x/DOD-wi	ppropriated I ever, it may FSC, Person 84/a0608b-c w/Article/570 de-SORN-Ai and eliminate	Fund Activ be subject al Affairs: fsc/); (2) N 0427/nm0 ticle-View	vities or Nonapprop t to a number of pro Army Community IM01754-2, DON F 1754-2/); and (3) F v/Article/569815/f03	oriated Fund oper and ne Service As Family Supp 036 AFDPC 36-af-dp-c/).	Instrumentalities cessary routine sistance Files (at ort Program c, Family Services DISCLOSURE:
1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PA under age 18,	RENT/GUARD) (Last, First Mid		inteer is	3. <mark>VOLUN</mark> (Select		AGE 18 OR	OVER	UNDER AGE 18
4. TELEPHONE NUMBER (Include	4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS								
	PART II - VO	DLUNTEER ASS	SIGNMENT	(to be co	mpleted by A	Accepting	Official)		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZAT WHERE SER	ION/UNIT VICE OCCURS	1 -	RAM WH		ANTICIP WEEK	ATED DAYS OF	10. ANTIC	CIPATED HOURS
MCAS MIRAMAR	Miramar Ro	om	SMP	Thursda		hursday,	18 December	1730-20	000
11. DESCRIPTION OF VOLUNTEE volunteers will assist the SMP wit information/events, hand out food	h set up/tear dowr	n of our yearly S	MP Holiday	y Celebrat	ion, check in	Marines,	pass along upcom	ing SMP	
		PART III -	VOLUNTE	ER CERT	TIFICATION				
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Flam neither entitled to nor expect any regulations applicable to voluntary sand organization rules and procedure. SIGNATURE OF VOLUNTEER	hereof, except for rivacy Act, crimina present or future ervice providers, to	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to erest, and c or other ber any training vices I (or n	o compens defense of nefits for the required for ny minor co	sation for inju certain suits hese volunta to perform as child) will be p	ries occur arising ou ry service ssigned vo providing.	ring during the per ut of legal malpract s. I agree to be bo	formance o iice. I expre und by the li I to follow al	f approved essly agree that I aws and I installation, unit
volunteer is under age			·	C. L	ATE SIGNED (*)	(עטואואיז א			
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE		E			с. D	DATE SIGNED (YY	YYMMDD)		
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEE	R'S SERVI	CE BY V	DLUNTEER	SUPERVI	SOR AND SIGNE	D BY VOLU	INTEER
14. AMOUNT OF VOLUNTEER TIME DONATED	YEARS. (2,087 h	ours = 1 year)	b. WEEKS	3	c. DAYS		d. HOURS		VICE END E (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is	-		SUPERVISO Middle Initial	IN CITE	PERVISOR'S SIGN	IATURE (c. DATE SIGNED (YYYYMMDD)
DD FORM 2793, MAR 2018		PREVIO	DUS EDITIO	ON IS OB	SOLETE			AEM Designe	Page 1 of 2

SINGLE MARINE PROGRAM MCAS MIRAMAR - TRIP WAIVER FORM



DATE RECEIVED:

LA Clippers vs. Lakers



SMP TRIP SATURDAY, 20 DECEMBER 2025

SMP TRIP INFORMATION

VHO: 10 Single or Unaccompanied Active Di	y Service Members stationed aboard MCAS Miramai
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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 opportur	nity, you will receive a text message from a timely manner. You may text/call the nu	our SMP Work Cell Phone (858	
TRIP PARTICIPANT'S INFOR	RMATION (PLEASE COMPLETE AL	L REQUIRED FIELDS BEL	OW & WRITE LEGIBLY)
YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:
UNIT:	WORK PHONE NUMBER:		CELL PHONE NUMBER:
MARITAL STATUS INFORMATIO		RESS (WORK OR PERSON	IAL):
	GRAPHICAL BACHELOR	DI ETE ALL DECUIDED EII	LIDE & WIDITE LECIDLY)
	CAL INFORMATION (PLEASE COM		
	nedical conditions that we should be see explain:	•	tic or suffer from seizures.)
2. Are you currently taking any me			
, ,	se list all medications:		
3. Do you have any allergies?			
YES NO If yes, please	e explain:		
	SMP TRIP CODE OF C	ONDUCT	
volunteer opportunities. I am require	Member or Geographical Bachelor in ord d to take the transportation provided by the Program (SMP) trips are non-refundable	he Single Marine Program (SM	P to and from all SMP trips (NO
Program. I will conduct myself in such will be expected to act responsibly uncompromising code of personal in personal demeanor shall be such the	pating in this event I am representing the n a way to honor both. I know I will be hel in a mature and dependable manner. I w tegrity, accountable for my actions and h nat I may take pride in my actions. I affirm ng or incorrect statements may result in t	d to a high standard of the utm rill be expected not to lie, cheat olding others accountable for the high that all information entered on	ost ethical and moral behavior. I nor steal. I will adhere to an neirs. Both my professional and this form is true and correct. I
PARTICIPANT'S PRINTED N	IAME PARTICIPANT	"S SIGNATURE	DATE
	SNCO OR ABOVE PARTICIPATION	ON AUTHORIZATION	
I authorize the above Service Me event. I will ensure the Ser	ember to participate in this SMP oppo vice Member listed above will show ເ	rtunity and will hold them ac ip on time, as this is their ap	countable for attending this pointed place of duty.
SNCO Last, First Name:		Contact Number:	
SNCO or above signature:		Date:	
**Please turn in the DD FORM 279 Building, b	93 volunteer form that is attached to the bldg. 2525. **Return digital waivers to the line to SURMIT THIS FORM: THURS	nis sheet to a SMP staff meml ombmiramarsmp@usmc-mcc	per at The Semper Fit Admin s.org

Authorized patrons of all abilities are welcomed. Please contact SMP staff if reasonable accommodations are necessary. **BELOW FIELDS FOR OFFICE USE ONLY**

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:

DATE RECEIVED:

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 yo If you have already turned in a volunteer form/wa 	ou may or may not get to volun	teer.						
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 NUMBI	ER:	CELL PHONE NUMBER:					
MARITAL STATUS INFORMATION:								
CIRCLE ONE: SINGLE	GEOGF	RAPHICAL BACHELOR						
SMP VOLUNTEER MEDICAL INFOR	MATION (PLEASE COMP	LETE ALL REQUIRED FIELDS BI	ELOW & WRITE LEGIBLY)					
1. Does the participant have any medical co		•	•					
Circle One: YES NO If yes, please explai								
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 explai	in:							
Circle Offe. TES NO II yes, piease expiai	II							
SN	ICO OR ABOVE PARTICIF	PATION AUTHORIZATION						
		IT BY YOUR SNCO OR ABOVE ON						
SNCO OR ABOVE NAME (LAST, FIRST	, RANK)							
UNIT: WORK	PHONE:	CELL PHONE: _						
I AUTHORIZE THE ABOVE SERVICE MEME ACCOUNTABLE FOR ATTENDING THIS EV AS THIS IS THEIR APPOINTED PLACE OF	/ENT. I WILL ENSURE TH							
SNCO OR ABOVE SIGNATURE:		DATE:						
	e SMP Office. **Return dig	this sheet to a staff member at thits waivers to ombmiramarsmp@tFORM: FRIDAY, 19 DECEMBER BY	usmc-mccs.org**					
Authorized patrons of all abilities are	welcomed. Please contact	ct SMP staff if reasonable accom	modations are necessary.					
If you have any questions or challen	ges regarding the volunteer SMP Office at <u>(85</u>	r opportunity up to the time of the e 58) 307-6283	vent, please contact the					

BELOW FIELDS FOR OFFICE USE ONLY

STAFF INITIALS:

VOLUNTEER AGREEMENT FOR								
☐ APPROPRIATED FUND ACTIVITIES ☐ NONAPPROPRIATED FUND INSTRUMENTALITIES								
		PRIV	ACY ACT STATE	MENT				
AUTHORITY: 10 U.S.C. 1588, Aut Services in the Department of Defe PRINCIPAL PURPOSES(S): To a Instrumentalities before a statutory ROUTINE USES: There are no spuses that are identified in each of the http://dpcld.defense.gov/Privacy/SC Volunteers (at http://dpcld.defense. Services Volunteer and Request ReDISCLOSURE: Voluntary; however voluntary services to Appropriated I	nse. cknowledge and d individual is allowe ecific routine uses the following system PRNsIndex/DoD-wi gov/Privacy/SORN ecord (at http://dpc er, lack of a signed	ocument Volunted to provide vol anticipated for the sof records not ide-SORN-Articles IsIndex/DoD-wichdefense.gov/FVolunteer Agree	eer Agreement for a unteer services. his information; how ices: (1) A0608b E e-View/Article/5700 de-SORN-Article-Vi Privacy/SORNsInde ement will limit Gov	Appropriated wever, it may DFSC, Persor 084/a0608b-c ew/Article/57 ex/DOD-wide ternment sup	Fund Activition be subject and Affairs:	ties or Nonapprop to a number of pro Army Community \$ //01754-2, DON Fa //54-2/); and (3) Fo cle-View/Article/56	riated Fund per and neo Service Assi amily Suppo 036 AFDPC, 59815/f036-6	essary routine stance Files (at rt Program Family af-dp-c/).
		PART 1	- GENERAL INFO	ORMATION				
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volume age 18) (Last, First Middle Initial)				unteer is 3. VOLUNTEER IS (Select one) AGE 18 OR OVER UNDER AGE 18				
4. TELEPHONE NUMBER (Include Area Code) 5. E-MAIL ADDRESS								
	PART II - VO	DLUNTEER ASS	SIGNMENT (to be	completed by	Accepting	Official)		
6. INSTALLATION/COMPONENT ACTIVITY		ION/UNIT RVICE OCCURS	8. PROGRAM W SERVICE O	GRAM WHERE 9. ANTI VICE OCCURS WEE		ATED DAYS OF	10. ANTIC	IPATED HOURS
MCAS MIRAMAR	Main MCX		SMP	SUNDAY, 21 December			1000-1400	
11. DESCRIPTION OF VOLUNTER SMP volunteers will assist SMP s wrapping table.		fts for all patrons	s aboard MCAS Mi	ramar as wel	l as assist ii	n setup and tear do	own of our g	ift
		PART III -	VOLUNTEER CER	RTIFICATION	N			
12. CERTIFICATION I expressly agree that my service Government or any instrumentality to volunteer services, tort claims, the Fam neither entitled to nor expect an regulations applicable to voluntary and organization rules and procedu	thereof, except for Privacy Act, crimina y present or future service providers, t	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to compe erest, and defense or other benefits for any training require	nsation for in of certain sui these volunt d to perform a	juries occur ts arising ou tary services assigned vo	ring during the per ut of legal malpract s. I agree to be boo	formance of ice. I expre and by the la	approved ssly agree that I aws and
a. SIGNATURE OF VOLUNTEER b. SIGNATURE O volunteer is und		E OF PARENT/GU under age 18)	ARDIAN <i>(if</i>	c. D	c. DATE SIGNED (YYYYMMDD)			
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE			E	c. DATE SIGNED (YYYYMMDD)				
PART IV - TO BE COM	PLETED AT END	OF VOLUNTEE	R'S SERVICE BY	VOLUNTEER	R SUPERVI	SOR AND SIGNE	D BY VOLU	INTEER
14. AMOUNT OF VOLUNTEER TIME DONATED a. YEARS. (2,087 hours = 1 year) b. WEEK		b. WEEKS	c. DAYS		d. HOURS 15. SERVICE END DATE (YYYYM		VICE END E (YYYYMMDD)	
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is		L ME OF SUPERVISOR , First, Middle Initial)		I PERVISOR'S SIGN	NATURE	c. DATE SIGNED (YYYYMMDD)
DD FORM 2793, MAR 2018	<u>'</u>	PRE\/IC	OUS EDITION IS O	BSOLETE			AEM Designer	Page 1 of 2



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:

DATE RECEIVED:

- 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 If you have already turned in a v 			teer. the SMP staff as soon as possible.					
SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)								
YOUR NAME (LAST, FIRS	Г):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:				
UNIT:	WORK	K PHONE NUMBE	R:	CELL PHONE NUMBER:				
MARITAL STATUS INFOR	MATION:							
CIRCLE ONE:	SINGLE	GEOGR/	APHICAL BACHELOR					
SMP VOLUNTEER ME	DICAL INFORMATIO	N (PLEASE COMPL	ETE ALL REQUIRED FIELDS B	ELOW & WRITE LEGIBLY)				
• •	-		aware of? (for example; diabetic or	· suffer from seizures.)				
Circle One: YES NO If yes,								
2. Are you currently taking an	•	ti						
3. Do you have any allergies?	•	tions:						
, ,								
Officie Offic.	рісазе ехріані							
	SNCO OR	ABOVE PARTICIPA	ATION AUTHORIZATION					
			BY YOUR SNCO OR ABOVE ON					
SNCO OR ABOVE NAME (I	LAST, FIRST, RANI	<)						
UNIT:	WORK PHONE	i:	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 SIGNAT	URE:		DATE:					
Semper Fit Admin E	Building next to the H	ITT Center. **Return	o this sheet to a staff member at digital waivers to ombmiramars DRM: MONDAY, 22 DECEMBER B	mp@usmc-mccs.org**				
	Emailed, fax	red, and scanned wa	ivers will <i>not</i> be accepted.					
Authorized patrons of a	II abilities are welcon	ned. Please contact	SMP staff if reasonable accom	modations are necessary.				
If you have any questi	ons or challenges rega	arding the volunteer	opportunity up to the time of the e	vent, please contact the				

BELOW FIELDS FOR OFFICE USE ONLY

STAFF INITIALS:

VOLUNTEER AGREEMENT FOR								
☐ APPROPRIATED FUND ACTIVITIES ☐ NONAPPROPRIATED FUND INSTRUMENTALITIES								
		PRIV	ACY ACT STATEM	IENT				
AUTHORITY: 10 U.S.C. 1588, Authorices in the Department of Defer PRINCIPAL PURPOSES(S): To ad Instrumentalities before a statutory i ROUTINE USES: There are no speuses that are identified in each of the http://dpcld.defense.gov/Privacy/SO Volunteers (at http://	nse. cknowledge and d ndividual is allowe cific routine uses e following system RNsIndex/DoD-wi gov/Privacy/SORN cord (at http://dpc	ocument Volunte ed to provide volu anticipated for the s of records not ide-SORN-Article IsIndex/DoD-wid Id.defense.gov/F Volunteer Agree	eer Agreement for A unteer services. nis information; how ices: (1) A0608b DI e-View/Article/57008 le-SORN-Article-Vie Privacy/SORNsInde	ppropriated Fuever, it may be FSC, Personal 84/a0608b-cfscw/Article/5704x/DOD-wide-Semment suppo	nd Activi subject t Affairs: // /); (2) NM 27/nm01 DRN-Arti	ties or Nonapprop to a number of pro Army Community 101754-2, DON Fa 754-2/); and (3) Fo cle-View/Article/56	oriated Fund oper and nec Service Assi amily Suppo 036 AFDPC 59815/f036-6	essary routine stance Files (at rt Program Family af-dp-c/).
		PART 1	- GENERAL INFO	RMATION				
1. NAME OF VOLUNTEER (Last, First, Middle Initial) 2. NAME OF PARENT/GUARDIAN (If volume age 18) (Last, First Middle Initial)				(Select one) AGE 18 OR OVER UNDER AGE 18				
4. TELEPHONE NUMBER (Include	e Area Code)		5. E-MA	IL ADDRESS				
	PART II - VO	DLUNTEER ASS	SIGNMENT (to be co	ompleted by A	ccepting	Official)		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZAT WHERE SER	ION <mark>/UNIT</mark> RVICE OCCURS	1		ANTICIPATED DAYS OF VEEK		10. ANTIC	IPATED HOURS
MCAS MIRAMAR	Miramar Roo	om	SMP	Wednesday, 24 December			1800-2030	
11. DESCRIPTION OF VOLUNTEE Volunteers will assist SMP staff w		along with set-up	o and take-down of	the Miramar Ro	oom.			
		PART III -	VOLUNTEER CER	TIFICATION				
12. CERTIFICATION I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the P am neither entitled to nor expect any regulations applicable to voluntary seand organization rules and procedure.	nereof, except for rivacy Act, crimina present or future ervice providers, t	certain purposes al conflicts of inte salary, wages, o o participate in a	s relating to compen erest, and defense c or other benefits for any training required	sation for injur of certain suits these voluntary to perform ass	es occur arising ou services igned vo	ring during the per ut of legal malprac s. I agree to be bo	rformance of tice. I expre und by the la	approved ssly agree that I aws and
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. D	c. DATE SIGNED (YYYYMMDD)		
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEE	R'S SERVICE BY V	OLUNTEER S	UPERVI	SOR AND SIGNE	D BY VOLU	INTEER
14. AMOUNT OF VOLUNTEER TIME DONATED a. YEARS. (2,087 hours = 1 year)		b. WEEKS	EKS c. DAYS		I d HOURS		VICE END E (YYYYMMDD)	
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	NATURE (If volunteer is (L		AME OF SUPERVISOR bst, First, Middle Initial)		I PERVISOR'S SIGI	NATURE (c. DATE SIGNED (YYYYMMDD)
DD FORM 2793, MAR 2018		PREVIO	OUS EDITION IS OF	SOLETE			AEM Designer	Page 1 of 2