



# STEAM Family Book Fair

## VOLUNTEER OPPORTUNITY

### Saturday, 11 April 2026



**SMP VOLUNTEER OPPORTUNITY INFORMATION**

**WHO:** 10 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members  
**WHAT:** The MCAS Miramar Single Marine Program (SMP) Volunteers will assist Blue Star Families along with partners from First Book and General Motors to host STEAM (Science, Technology, Engineering, Art and Math) Book Family Festival to help to make this day a success.  
**WHEN:** Saturday, 11 April 2026; 0730-1500  
**MEET:** 0730 @ The Active Duty Rec Center, BLDG. 5305 - **(IMPORTANT- PLEASE BE PROMPT)**  
**DRESS ATTIRE:** Comfortable, closed toed shoes, SMP Shirt if you have one.

- REMINDERS:**
- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
  - If you are on the waitlist, there is a chance that you may or may not get to volunteer.
  - If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

**SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

<b>YOUR NAME (LAST, FIRST):</b>	<b>RANK:</b>	<b>DATE OF BIRTH:</b>	<b>MALE OR FEMALE:</b>
<b>UNIT:</b>	<b>WORK PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	

**MARITAL STATUS INFORMATION:**

**CIRCLE ONE:**                      SINGLE                      GEOGRAPHICAL BACHELOR

**SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)  
**Circle One: YES NO** If yes, please explain: \_\_\_\_\_
2. Are you currently taking any medication?  
**Circle One: YES NO** If yes, please list all medications: \_\_\_\_\_
3. Do you have any allergies?  
**Circle One: YES NO** If yes, please explain: \_\_\_\_\_

**SNCO OR ABOVE PARTICIPATION AUTHORIZATION**

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THE SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at The Active Duty Rec Center, BLDG. 5305. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\***  
**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: THURSDAY, 9 APRIL 2026 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**





# Padres Ballpark Clean-Up

## VOLUNTEER OPPORTUNITY

### Thursday, 23 April 2026



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

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

**WHAT:** SMP volunteers will assist the San Diego Padres Volunteer Team to beautify the area surrounding the ballpark in order to help make our community a better area.

**WHEN:** THURSDAY, 23 APRIL 2026; 0815-1145

**MEET:** 0815 @ The Active Duty Rec Center, BLDG. 5305- (IMPORTANT – PLEASE BE PROMPT)

**DRESS ATTIRE:** Comfortable, lightweight pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Please wear an SMP Shirt if you have one.

**REMINDERS:**

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.
- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

#### SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

**YOUR NAME (LAST, FIRST):** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **MALE OR FEMALE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**MARITAL STATUS INFORMATION (CIRCLE ONE):**

SINGLE

MARRIED

#### SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

**YES NO** If yes, please explain: \_\_\_\_\_

2. Are you currently taking any medication?

**YES NO** If yes, please list all medications: \_\_\_\_\_

3. Do you have any allergies?

**YES NO** If yes, please explain: \_\_\_\_\_

#### SNCO OR ABOVE PARTICIPATION AUTHORIZATION

#### BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THIS SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the front desk of The Active Duty Rec Center, Bldg 5305 or the SMP Office. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\***

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: TUESDAY, 21 APRIL 2026**

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:** \_\_\_\_\_





# PE FITNESS CHALLENGE

## VOLUNTEER OPPORTUNITY

### FRIDAY, 24 APRIL 2026



**SMP VOLUNTEER OPPORTUNITY INFORMATION**

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

**WHEN:** Friday, 24 APRIL; 0600-1600

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

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

**REMINDERS:**

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.
- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

**SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

<b>YOUR NAME (LAST, FIRST):</b>	<b>RANK:</b>	<b>DATE OF BIRTH:</b>	<b>MALE OR FEMALE:</b>

<b>UNIT:</b>	<b>WORK PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>

**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, 22 APRIL 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**

<b>DATE RECEIVED:</b> _____	<b>TIME RECEIVED:</b> _____	<b>STAFF INITIALS:</b> _____
-----------------------------	-----------------------------	------------------------------





# SMP Monthly Dinner

## VOLUNTEER OPPORTUNITY



Tuesday, 28 April 2026

**SMP VOLUNTEER OPPORTUNITY INFORMATION**

**WHO:** 5 MCAS Miramar Active Duty **SINGLE** and/or **GEO-BACHELOR** Service Members  
**WHAT:** SMP Dinner – volunteers will assist the SMP with set up/tear down of our monthly SMP dinner, check in Marines, pass upcoming SMP information/events, hand out food.  
**WHEN:** Tuesday, 28 April; 1630-1930  
**MEET:** 1630 @ The Active Duty Rec Center, BLDG. 5305 (**IMPORTANT – PLEASE BE PROMPT**).  
**DRESS ATTIRE:** Comfortable pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Please wear an SMP T Shirt if you have one.  
**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)**

<b>YOUR NAME (LAST, FIRST):</b>	<b>RANK:</b>	<b>DATE OF BIRTH:</b>	<b>MALE OR FEMALE:</b>
<b>UNIT:</b>		<b>CELL PHONE NUMBER:</b>	

**MARITAL STATUS INFORMATION (CIRCLE ONE):**

SINGLE
  MARRIED

**SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)  
**YES NO** If yes, please explain: \_\_\_\_\_

2. Are you currently taking any medication?  
**YES NO** If yes, please list all medications: \_\_\_\_\_

3. Do you have any allergies?  
**YES NO** If yes, please explain: \_\_\_\_\_

**SNCO OR ABOVE PARTICIPATION AUTHORIZATION**

**BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY**

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THIS SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.**

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the SMP office located inside The Active Duty Rec Center, BLDG. 5305.\*\* Return digital waivers to ombmiramarsmp@usmc-mccs.org**

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: Friday, 24 APRIL 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:** \_\_\_\_\_





# NMCRS Thrift Store

## VOLUNTEER OPPORTUNITY

### THURSDAY, 16 APRIL 2026



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 3 MCAS Miramar **ALL ACTIVE DUTY** Service Members **(INCLUDES: SINGLE, MARRIED, GEO-BACHELORS)**

**WHAT:** NMCRS Thrift Store – volunteers will assist the NMCRS Thrift Store by running the register, shredding uniforms, sorting/pricing donations, testing electronics, light construction (painting), cleaning the sales floor, monitoring building occupancy, checking patron's IDs, and other tasks/duties as assigned.

**WHEN:** Thursday, 16 APRIL; 0930-1300 **(LUNCH PROVIDED BY SMP - NOTIFY US BELOW OF ANY FOOD ALLERGIES)**

**MEET:** 0930 @ the NMCRS Thrift Store - **(IMPORTANT – PLEASE BE PROMPT).**

**DRESS ATTIRE:** Comfortable, lightweight pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs. Volunteer shirts will be given out at each day/shift and required to wear.

#### REMINDERS:

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the wait list, there is a chance that you may or may not get to volunteer.
- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

#### SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

**YOUR NAME (LAST, FIRST):** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **MALE OR FEMALE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

#### MARITAL STATUS INFORMATION (CIRCLE ONE):

SINGLE

MARRIED

#### SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

**YES NO** If yes, please explain: \_\_\_\_\_

2. Are you currently taking any medication?

**YES NO** If yes, please list all medications: \_\_\_\_\_

3. Do you have any allergies?

**YES NO** If yes, please explain: \_\_\_\_\_

#### SNCO OR ABOVE PARTICIPATION AUTHORIZATION

#### BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THIS SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the SMP office located in The Active Duty Rec Center, BLDG. 5305.**

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: TUESDAY, 14 APRIL 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:** \_\_\_\_\_





# Ocean Connectors Kayaking

## VOLUNTEER OPPORTUNITY

### Saturday, 18 April 2026



**SMP VOLUNTEER OPPORTUNITY INFORMATION**

**WHO:** 10 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members  
**WHAT:** Ocean Connectors--Volunteers will be beautifying our ocean by picking up debris from our wetlands.  
**WHEN:** 18 APRIL 2026; 0900-1345  
**MEET:** 0900 @ The Active Duty Rec Center, BLDG. 5305 - **(IMPORTANT- PEASE BE PROMPT)**  
**DRESS ATTIRE:** Comfortable, lightweight pants or shorts (appropriate length, no yoga pants/capris/shorts). Closed toe shoes, no crocs.

**REMINDERS:**

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.
- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

**SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

**YOUR NAME (LAST, FIRST):** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **MALE OR FEMALE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**MARITAL STATUS INFORMATION:**

**CIRCLE ONE:** \_\_\_\_\_ SINGLE \_\_\_\_\_ GEOGRAPHICAL BACHELOR \_\_\_\_\_

**SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)**

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)  
**Circle One: YES NO** If yes, please explain: \_\_\_\_\_
2. Are you currently taking any medication?  
**Circle One: YES NO** If yes, please list all medications: \_\_\_\_\_
3. Do you have any allergies?  
**Circle One: YES NO** If yes, please explain: \_\_\_\_\_

**SNCO OR ABOVE PARTICIPATION AUTHORIZATION**

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THE SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at The Active Duty Rec Center, BLDG. 5305. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\***  
**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: 16 APRIL 2026 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:** \_\_\_\_\_





# Easter Brunch @ Fairway Cafe

## VOLUNTEER OPPORTUNITY

### Sunday, 5 April 2026



#### SMP VOLUNTEER OPPORTUNITY INFORMATION

**WHO:** 4 MCAS Miramar SINGLE and/or GEO-BACHELOR Service Members

**WHAT:** SMP volunteers will dress as Easter bunnies for photo opportunities with children and their families and will make special appearances during Easter Brunch to help create a fun and festive atmosphere.

**WHEN:** Sunday, 5 APRIL 2026; 0930-1430

**MEET:** 0930 @ The Fairway Cafe - **(IMPORTANT- PLEASE BE PROMPT)**

**DRESS ATTIRE:** Comfortable, closed toed shoes, SMP Shirt if you have one.

**REMINDERS:**

- Prior to the volunteer opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.
- If you are on the waitlist, there is a chance that you may or may not get to volunteer.
- If you have already turned in a volunteer form/waiver and have to cancel, notify the SMP staff as soon as possible.

#### SMP VOLUNTEER INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

**YOUR NAME (LAST, FIRST):** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **MALE OR FEMALE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**MARITAL STATUS INFORMATION:**

**CIRCLE ONE:** \_\_\_\_\_ SINGLE \_\_\_\_\_ GEOGRAPHICAL BACHELOR \_\_\_\_\_

#### SMP VOLUNTEER MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)

**Circle One: YES NO** If yes, please explain: \_\_\_\_\_

2. Are you currently taking any medication?

**Circle One: YES NO** If yes, please list all medications: \_\_\_\_\_

3. Do you have any allergies?

**Circle One: YES NO** If yes, please explain: \_\_\_\_\_

#### SNCO OR ABOVE PARTICIPATION AUTHORIZATION

BELOW FIELDS ARE TO BE FILLED OUT BY YOUR SNCO OR ABOVE ONLY

**SNCO OR ABOVE NAME (LAST, FIRST, RANK)** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

I AUTHORIZE THE ABOVE SERVICE MEMBER TO PARTICIPATE IN THE SMP VOLUNTEER OPPORTUNITY AND WILL HOLD THEM ACCOUNTABLE FOR ATTENDING THIS EVENT. I WILL ENSURE THE SERVICE MEMBER LISTED ABOVE WILL SHOW UP ON TIME, AS THIS IS THEIR APPOINTED PLACE OF DUTY.

**SNCO OR ABOVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at The Semper Fit Admin Building, bldg. 2525. \*\*Return digital waivers to ombmiramarsmp@usmc-mccs.org\*\***

**DEADLINE TO SUBMIT THIS VOLUNTEER FORM: THURSDAY, 2 APRIL 2026 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:** \_\_\_\_\_

