



# VOLUNTEER OPPORTUNITY: OMA'S FARM



**Wednesday, March 18<sup>th</sup>, 0800-1300**

Assist with farm support projects including animal care, repairs, and activity staging followed by a petting zoo experience. Participants will receive an LOA for their time and support.

*Open to MCRD Single Service Members & Geo-Bachelors  
Event waiver is required - due 3/11/26*

**Authorized Patrons of all abilities welcomed. Please contact SMP staff if reasonable accommodations are necessary.**

# Single Marine Program Participation Authorization

WEDNESDAY, 3/18/2026, 0800-1300

OMA'S FARM VOLUNTEER OPP

| Required Information  |                        | Please Write Legibly  |                         |
|---|------------------------|---|-------------------------|
| Participant's Name: (Last, First)   |                        | Rate/Rank:  | Male or Female:         |
| Battalion:  | Section:               | Work Phone Number:  | Cell Phone Number:      |
| Email: (Work or Personal) *Reminder will be sent to this email*   |                        | Date of Birth:  |                         |
| <b><u>MARITAL STATUS INFORMATION:</u></b>   |                        | <b>*Only MCRD San Diego Single Service Members &amp; Geo-Bachelors can participate in SMP Trips.*</b> |                         |
| <b><u>CIRCLE ONE:</u></b> Single Geographical Bachelor ( <b>Spouse lives 100 miles or more away</b> )   |                        |   |                         |
| <b>FOOD</b><br>Do you have any dietary restrictions? <b>Circle One:</b> YES NO If yes, please explain: _____<br>(for example, dairy, nuts, meats, etc.)   |                        |   |                         |
| <b>MEDICAL INFORMATION:</b><br>1. Does the participant have any medical conditions that we should be aware of?<br>(for example; diabetic or suffer from seizures.)<br><b>Circle One:</b> YES NO If yes, please explain: _____<br>2. Are you currently taking any medication?<br><b>Circle One:</b> YES NO If yes, please list all medications: _____<br>3. Do you have any allergies?<br><b>Circle One:</b> YES NO If yes, please explain: _____  |                        |   |                         |
| <b>Code of Conduct</b><br>I must be a MCRD San Diego Single Service Member or Geographical Bachelor ( <b>Spouse lives 100 miles or more away</b> ) in order to participate in all MCRD San Diego Single Marine Program (SMP) trips. I have to take the transportation provided by the MCRD San Diego SMP to and from all SMP trips (NO POVS). <b>I will show up on time for trips and stay for the entire event.</b> All MCRD San Diego SMP trips are non-refundable.<br>I understand fully that while participating in this event I am representing the United States Military and the MCRD San Diego 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 <b>personal integrity</b> , 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.<br><b>I affirm that all information entered on this document is true and correct. I understand this is my appointed place of duty. I understand that any misleading, incorrect or violation of these statements may result in the notification of my command SNCOIC and/or SgtMaj.</b> |                        |   |                         |
| Participants Printed Name   | Participants Signature |   | Date                    |
| <b>Participation Authorization</b> (ensure Service Member shows up on time, this is their appointed place of duty)<br><b>(SSgt or above Required)</b> Name: (Last, First) _____ Rank: _____<br>Battalion: _____ Section: _____ Cell Phone (Required): _____<br>I authorize the above MCRD San Diego Service Member to participate in the SMP Trip and will hold them accountable for attending this trip.   |                        |   |                         |
| Office Use Only:  | Date: _____            | Signature: _____  | _____<br>_____<br>_____ |
| Date Received   | Time Received          | Staff Initials  |                         |