



## **MCRD San Diego SMP Volunteer Opportunity**

### **Ronald McDonald House Charities of San Diego**

#### **\*Ronald McDonald House Charities of San Diego**

**What:** This organization provides a "home-away-from-home" for families with children being treated for serious conditions at local hospitals.

**Volunteer Duties:** Volunteers will prepare food and serve dinner to families at the Ronald McDonald House Charities of San Diego.

**When:** Monday, 2 February 2026 from 1415-2030

**Who:** MCRD Single Service Members & Geo-Bachelors

#### **11 Spots Available**

**Provided:** Dinner, Letter of Appreciation and Roundtrip Transportation (No POVs)

**Deadline:** Volunteer Waivers due NLT 1300 Friday, 30 January

**\*SMP Reps Only: Bring completed volunteer waivers to the SMP Office, Inside the Active Duty Center "Home of the SMP" Monday-Friday 1030-2100 and Saturday-Sunday 0900-2100 (scanned and emailed waivers will not be accepted).\***

For more information, please contact: SMP Coordinator Johanna Jones, SMP Cell (619) 813-6704 or Email [johanna.jones@usmc-mccs.org](mailto:johanna.jones@usmc-mccs.org)

#### **CONNECT WITH US!**



**FOLLOW US TO GET UPDATES!**

# Monday, 2 February 2026 from 1415-2030

## Single Marine Program

RONALD MCDONALD HOUSE CHARITIES VOLUNTEER OPPORTUNITY

Required Information	Please Print Clearly	Scanned or Emailed Waivers Are Not Accepted
Participant's Name: (Last, First)	Rate/Rank:	Male or Female:
Battalion:	Section:	Work Phone Number:
Email: (Work or Personal) *Reminder will be sent to this email*		Date of Birth:
<b>MARITAL STATUS INFORMATION:</b>		*Only MCRD San Diego Single Service Members & Geo-Bachelors can participate in this SMP Volunteer Opportunity.*
<b>CIRCLE ONE:</b> Single Geographical Bachelor (Spouse lives 100 miles or more away)		
<b>SMP T-SHIRT</b>		
1. Do you have an SMP Grey T-Shirt?	<u>Circle One:</u>	YES      NO
2. If NO, what size?	<u>Circle One:</u>	Small      Medium      Large      XL
<b>FOOD</b>		
Sandwich & Chips Options	<u>Circle One:</u>	Turkey      Ham      Club Sub      Veggie
Do you have any dietary restrictions? <u>Circle One:</u> YES      NO      If yes, please explain: _____		

### **MEDICAL INFORMATION:**

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: \_\_\_\_\_

### **Code of Conduct**

I must be a MCRD San Diego Single Service Member or Geographical Bachelor (Spouse lives 100 miles or more away) in order to participate in all MCRD San Diego Single Marine Program (SMP) volunteer opportunities. I have to take the transportation provided by the MCRD San Diego SMP to and from all SMP volunteer opportunities (NO POVS). **I will show up on time for volunteer opportunities and stay for the entire event.**

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 **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 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.**

Participants Printed Name

Participants Signature

Date

### **Participation Authorization (ensure Service Member shows up on time, this is their appointed place of duty)**

**(SSgt or above Required)** Name: (Last, First) \_\_\_\_\_ Rank: \_\_\_\_\_

Battalion: \_\_\_\_\_ Section: \_\_\_\_\_ Cell Phone (Required): \_\_\_\_\_

I authorize the above MCRD San Diego Service Member to participate in the SMP Volunteer Opportunity and will hold them accountable for attending this event.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received

Time Received

Staff Initials