

SINGLE MARINE PROGRAM
MCRD SAN DIEGO

VOLUNTEER OPPORTUNITY

RONALD McDONALD HOUSE

THURSDAY, DECEMBER 10

1500-2030

12 SPOTS

TRANSPORTATION INCLUDED

Volunteers will prepare food and serve dinner to families at the Ronald McDonald House Charities.

Volunteers will receive dinner and an LOA

WAIVER REQUIRED
DUE 12.07

POC: David Gomez david.gomez@usmc-mccs.org (619)813-6704

MCRD SMP PARTICIPATION AUTHORIZATION

Ronald McDonald House Charities 10 DEC 2026 1500-2030

Please print and complete in full. Read this Agreement before you sign. Single Marine Program events are open to all Single Service Members and Geo-Bachelors.

PARTICIPANT INFORMATION

Participant Name (Last, First): _____ **Rate/Rank:** _____

Battalion: _____ **Section:** _____ **Date of Birth:** _____ **Contact Phone #** _____

E-mail Address: _____

MEDICAL INFORMATION

Does the participant have any medical conditions that we should be aware of? *(Diabetic, suffer from seizures, etc.)*

☐ **Yes** ☐ **No** If yes, please explain: _____

Are you currently taking any medication?

☐ **Yes** ☐ **No** If yes, please explain: _____

Do you have any allergies or dietary restrictions? (dairy, nuts, meat, etc.)

☐ **Yes** ☐ **No** If yes, please explain: _____

CODE OF CONDUCT

I understand that the SMP requires that I be a single Service Member or geographical bachelor in order to participate in MCRD San Diego Single Marine Program (SMP) activities. I will show up on time and stay for the entire event. I understand fully that while participating in this event, I am representing the United States Military. 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 understand that completion of the form by my command does not guarantee event participation. I must complete the registration process, to include event registration, payment if applicable, and submission of this form.

I affirm that all information on this form is true and correct. I understand that any misleading or incorrect information provided, or any violation of these provisions, may result in notification of my command SNCOIC and/or SgtMaj. I understand that all paid SMP activities are non-refundable.

Participant Signature: _____

PARTICIPATION AUTHORIZATION (*SSGT OR ABOVE*)

I authorize the above Service Member to participate in the SMP activity and will hold them accountable for attending this event as it is their appointed place of duty. I will ensure that the Service Member shows up on time for the activity/event. I understand that if an incident occurs during the activity/event, I will be contacted.

Name (Last, First): _____ **Signature:** _____

Rank: _____ **Battalion:** _____ **Section:** _____

Cell Phone (required): _____

APPROVAL

Single Marine Program Staff

_____	_____	_____
Date Received	Time Received	Staff Initial