



Get
Involved.
Give Back.
Make an Impact.



Ronald McDonald
House Charities®
Keeping families close®

A HOME
AWAY FROM HOME



VOLUNTEER OPPORTUNITY



RONALD McDONALD HOUSE



MONDAY,
OCTOBER 5



1430 – 1900



FREE
(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.



Meals.
Support.
Hope.



**WAIVER REQUIRED
DUE 10.3.26**

Stronger
Families
Brighter
Tomorrows.

COMMUNITY ★ SERVICE ★ CONNECTION

MCRD SMP PARTICIPATION AUTHORIZATION

Ronald McDonald House

05 Oct 2026

1430-1900

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