



# VOLUNTEER

WITH US!



Help support the MCRD Gauntlet fitness event by helping move equipment, overseeing stations, helping with event clean up, and more!

**GAUNTLET SET UP | MARCH 11, 2026 | 1330-1630**

**GAUNTLET EVENT DAY | MARCH 12, 2026 | 0830-1430**

Join us for one or both Gauntlet Volunteer events at the Jerry Coleman Lawn. Tasks will include helping move fitness equipment, set up tables, oversee fitness stations, assist with event clean up, and more! All participants will receive lunch and a Letter of Appreciation for their time.

Contact the SMP office for more information: 619-813-6704

Single Marine Program events are open to all Single Service Members and Geo-Bachelors. Authorized patrons of all abilities are welcomed. Please contact SMP staff if reasonable accommodations are necessary.

# Single Marine Program Participation Authorization

WEDNESDAY, 3/11/2026, 1330-1630

GAUNTLET SET UP 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> Do you have any dietary restrictions? <b>Circle One:</b> YES NO If yes, please explain: _____ (for example, dairy, nuts, meats, etc.)			
<b>MEDICAL INFORMATION:</b> 1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.) <b>Circle One:</b> YES NO If yes, please explain: _____ 2. Are you currently taking any medication? <b>Circle One:</b> YES NO If yes, please list all medications: _____ 3. Do you have any allergies? <b>Circle One:</b> YES NO If yes, please explain: _____			
<b>Code of Conduct</b> 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. 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. <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) <b>(SSgt or above Required)</b> Name: (Last, First) _____ Rank: _____ Battalion: _____ Section: _____ Cell Phone (Required): _____ 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: _____	_____ _____ _____
Date Received	Time Received	Staff Initials	

# Single Marine Program Participation Authorization

THURSDAY, 3/12/2026, 0830-1430 GAUNTLET EVENT DAY 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><u>FOOD</u></b> Do you have any dietary restrictions? <b><u>Circle One:</u></b> YES NO If yes, please explain: _____ (for example, dairy, nuts, meats, etc.)			
<b><u>MEDICAL INFORMATION:</u></b> 1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.) <b><u>Circle One:</u></b> YES NO If yes, please explain: _____ 2. Are you currently taking any medication? <b><u>Circle One:</u></b> YES NO If yes, please list all medications: _____ 3. Do you have any allergies? <b><u>Circle One:</u></b> YES NO If yes, please explain: _____			
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