



CHERRY POINT SINGLE MARINE PROGRAM

SMP POV VOLUNTEER EVENTS TRACKING LOG SHEET Electronic submissions are preferred, but paper logs may still be dropped off at the SMP Rec Desk at the Public House, Bldg 1281

Questions? Please call 252-720-7351. Please give SMP Coordinator 10 business days to complete after receiving. LOAs can be picked up at the SMP Rec Desk at the Public House or sent via email to volunteer's government email account. Thank you for volunteering!!

****Please return form within 14 Days of Volunteering**** ALL FORMS MUST BE FILLED OUT COMPLETELY OR WE WILL BE UNABLE TO PROCESS YOUR LOA

NAME OF VOLUNTEER: (F. NAME M.I. L. NAME) _____ **RANK:** _____ **MOS:** _____ **EDIPI:** _____ **UNIT:** _____

PHONE NUMBER: _____ **LOA EMAILED TO YOUR GOVERNMENT EMAIL?** YES NO **EMAIL ADDRESS:** _____

Code of Conduct: I understand fully that while participating in this event I am representing the United States Marine Corps or United States Navy, and the Cherry Point Single Marine Program, and 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 held accountable for my actions and will meet the highest standards of my branch of the Military. I will be expected not to lie, cheat, nor steal. I will cling 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 shall be fair in my personal relations, true to myself and equitable in my dealing with every man.

Photo Release Statement: I hereby consent that the photographs of me taken by SMP/MCCS or any reproduction of the same, may be used by SMP and/or Marine Corps Community Services (MCCS) or any of its assigns or licensees for the purpose of illustration, advertising, trade, or publication in any manner.

Privacy Act Statement: I have read and fully understand the accompanying Privacy Act Statement. I hereby consent that my personal information may be used for the purposes of the program.

(CUI - CONTROLLED UNCLASSIFIED INFORMATION) By completing and signing this form, you have read, understand, and agree to the code of conduct, photo release statements and Privacy Act.

SIGNATURE OF VOLUNTEER: _____

ORGANIZATION/PROGRAM (I.E. ANIMAL SHELTER, TRYON PALACE, HABITAT FOR HUMANITY, ETC...)	DATE OF EVENT (MM/DD/YYYY)	TIME VOLUNTEERED (START TIME- FINISH TIME)	**EVENT** POINT OF CONTACT (F. NAME, L. NAME) (NAME OF INDIVIDUAL CONDUCTING EVENT)	**EVENT** POINT OF CONTACT INFORMATION (PHONE NUMBER)	**EVENT** POINT OF CONTACT INFORMATION (EMAIL ADDRESS)	**SMP STAFF ONLY** EVENT PARTICIPATION VERIFICATION
--	-------------------------------	---	--	--	--	---

EXAMPLE:	CARTERET COUNTY ANIMAL SHELTER	06/01/2021	0730-1230	MR. JOHN DOE (NAME OF P.O.C. AT EVENT)	252-123-4567	EVENT@GMAIL.COM	LOA: SMP STAFF INT.	VTS: SMP STAFF INT.
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER): ASSISTED WITH WALKING DOGS, CLEANING BOWLS, PLAYING WITH CATS, PLANTING FLOWERS							PARTICIPATION VERIFIED: SMP STAFF INITIALS/DATE VERIFIED	
1.							LOA:	VTS:
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER, BASE CLEAN UP, ETC...):							PARTICIPATION VERIFIED:	
2.							LOA:	VTS:
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER, BASE CLEAN UP, ETC...):							PARTICIPATION VERIFIED:	
3.							LOA:	VTS:
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER, BASE CLEAN UP, ETC...):							PARTICIPATION VERIFIED:	
4.							LOA:	VTS:
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER, BASE CLEAN UP, ETC...):							PARTICIPATION VERIFIED:	
5.							LOA:	VTS:
DUTIES AND TASKS PERFORMED (ANIMAL SHELTER VOLUNTEER, BASE CLEAN UP, ETC...):							PARTICIPATION VERIFIED:	

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013; U.S.C. 5041; MCO P1700.27B W CH 1; MCO 1700.39; E.O 9397, AS AMENDED; AND SORN NM1700-1.

PRINCIPAL PURPOSE: INFORMATION REQUESTED WILL BE USED TO MANAGE AND ADMINISTER MARINE CORPS MORALE, WELFARE, AND RECREATION (MWR) SERVICES PROVIDED TO AUTHORIZED PATRONS.

ROUTINE USES: TO MARINE CORPS MWR PERSONNEL WITH A NEED-TO-KNOW TO MEET THE PURPOSE. IN ADDITION, A COMPLETE LIST AND EXPLANATION OF APPLICABLE ROUTINE USES IS INCLUDED IN SORN NM01700-1, "DON GENERAL MORALE, WELFARE, AND RECREATION

RECORDS," ACCESSIBLE AT [HTTP://DPCLD.DEFENSE.GOV/PRIVACY/SORNSINDEX/DOD-WIDE-SORN-ARTICLE-VIEW/ARTICLE/570424/NM1700-1/](http://dpcld.defense.gov/privacy/sornsindeX/dod-wide-sorn-article-view/article/570424/nm1700-1/). DISCLOSURE: PROVIDING THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE REQUESTED INFORMATION MAY RESULT IN AN INABILITY TO ACCESS MARINE CORPS MWR SERVICES.

AGENCY DISCLOSURE NOTICE

THE PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION VARIES BASED ON THE SERVICE PROVIDED. SEND COMMENTS REGARDING BURDEN REDUCTION SUGGESTIONS TO THE DEPARTMENT OF DEFENSE, WASHINGTON HEADQUARTERS SERVICES, AT WHS.MC-ALEX.ESD.MBX.DD-INFO-MAIL.MIL. RESPONDENTS SHOULD BE AWARE THAT NOTWITHSTANDING ANY OTHER PROVISION OF LAW, NO PERSON SHALL BE SUBJECT TO ANY PENALTY FOR FAILING TO COMPLY WITH A COLLECTION OF INFORMATION IF IT DOES NOT DISPLAY A CURRENTLY VALID OMB CONTROL NUMBER.