MCAS Cherry Point Volunteer Interest Form

Thank you for your interest in volunteering. Please complete the form to better assist us with
connecting you to volunteer opportunities and tracking and recognizing your volunteer efforts.

	This form is voluntary and maintained per NM01754-2, DON Family Support Program Volunteers (at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570427/nm01754-2/) and the Privacy Act of 1974.
	Please check the following boxes as applicable:
	I understand that if I submit volunteer hours to the Installation Volunteer Coordinator in the future, this information will be tracked and only the hours served will be shared with HQMC. Neither my name nor any other personal information will be shared.
	I would like to be considered for any annual volunteer recognition events. My first and last name may be submitted/used for a certificate.
	As a volunteer, I understand it is my responsibility to vet any program or agency I choose to volunteer with. The Marine Corps nor MCCS Cherry Point is liable for any incidents that may occur in non-DoD entities.
	Name of Volunteer:
	Age category: 🗌 Teens (13-15) 📄 Young Adults (16-25) 🔲 Adults (26 and older)
	Pursuant to MCO 5380.2, we are unable to accept volunteer services from anyone under the age of 13 years old.
	Phone number: email:
	Parent/Legal guardian info (if volunteer is under 18 and NOT an active duty member)
	Name: Phone:
	Affiliation
	I am active duty & with (please list unit name):
	I am the family member of an active duty member. Connection (spouse, child, parent, etc.):
_	Military member's name: Unit assigned:
	I am a veteran and not also the family member of an active duty member
	I am a civilian DoD employee who doesn't meet any of the above
	Any specific volunteer interests?

Please email completed forms to <u>OMBCherryPointVolunteers@usmc-mccs.org</u> or bring them to Jocelyn Jakubowski in bldg. 232, Marine & Family Programs building, corner of E St & 4th Ave.