



MARINE CORPS FAMILY TEAM BUILDING HENDERSON HALL
HEADQUARTERS & SERVICE BATTALION, HEADQUARTERS MARINE CORPS, HENDERSON HALL
MARINE AND FAMILY PROGRAMS
C/o VOLUNTEER PROGRAM COORDINATOR
1555 SOUTHGATE ROAD, BUILDING #12, ARLINGTON, VIRGINIA 22204-0009

I, _____, certify that I have performed either off-duty volunteer work as noted below.

Full Name/Rank of Volunteer: _____

Phone: _____

Work Phone: _____

Email: _____

Location of Volunteer Work: _____

Date(s) of Volunteer Work: _____

Total Hours of Volunteer Work: _____

Brief Description of Work Performed: _____

Supervising/Authorizing Official

Today's Date

Please return this completed form to the Volunteer Program Coordinator by email at MCFTBHH@usmc-mccs.org Please keep a copy for your records.