



REQUEST FOR COMMANDER WAIVER

The YM Adult Volunteer Manual states: "Chapter 2, Section 2), a), ii), (1), (a) The candidate for Unit Commander must be an Adult Volunteer and a veteran or retired Marine with an honorable discharge or an active or reserve Marine in good standing, or an Adult Volunteer in possession of a waiver from the National Executive Director. (b) If there are no candidates, that meet the above criteria, available to assume command of a new or existing unit, battalion, or regiment the National Executive Director or a Deputy Director may waive this requirement for the individual who assumes command until the end of the current term. At that time the individual is eligible to run for an elected position as the waiver is valid until such a time as the National Executive Director or Deputy Director revokes it. Elections must still proceed as per the rules and regulations contained herein. (c) All Adult Volunteers may apply for a waiver, regardless of the availability of volunteers with a Marine Corps service background. Persons holding a valid waiver on the unit level are eligible to commander for Battalion elected positions."

This form, along with a letter of request to the National Executive Director, is to be sent to the Division Commander and copy sent to the Deputy Directors. This form may be scanned and emailed, faxed or mailed to: wilson.lee@youngmarines.com and joe.lusignan@youngmarines.com; Fax number 202-315-3594; Headquarters Young Marines, 17739 Main Street, Suite 250, Dumfries, VA 22026.

I, (name) _____, do hereby request a waiver from National Headquarters to hold the position of Unit Commander for (unit or higher HQ):

_____.

____ (init) I acknowledge that I have read, understand and agree with the Adult Volunteer Manual, Adult Volunteer Code of Conduct and the Unit Commander's Manual.

____ (init) I acknowledge and agree that, as the Unit Commander, I am responsible for everything the Unit does or fails to do.

____ (init) I have attached a letter of request to the National Executive Director.

(Signature)

(Date)

Division Use Only

Division #: _____ Division Commander Name: _____

Date Received: _____ Recommended for Approval: Yes _____ No _____
(If not recommended, please include justification letter)

Div CO Signature: _____ Date: _____

Headquarters Young Marines Use Only

National Executive Director or Deputy Director Approval: Yes _____ No _____

Signature: _____ Date: _____