



Online Young Marine Application Process

Online Recruit Application Process



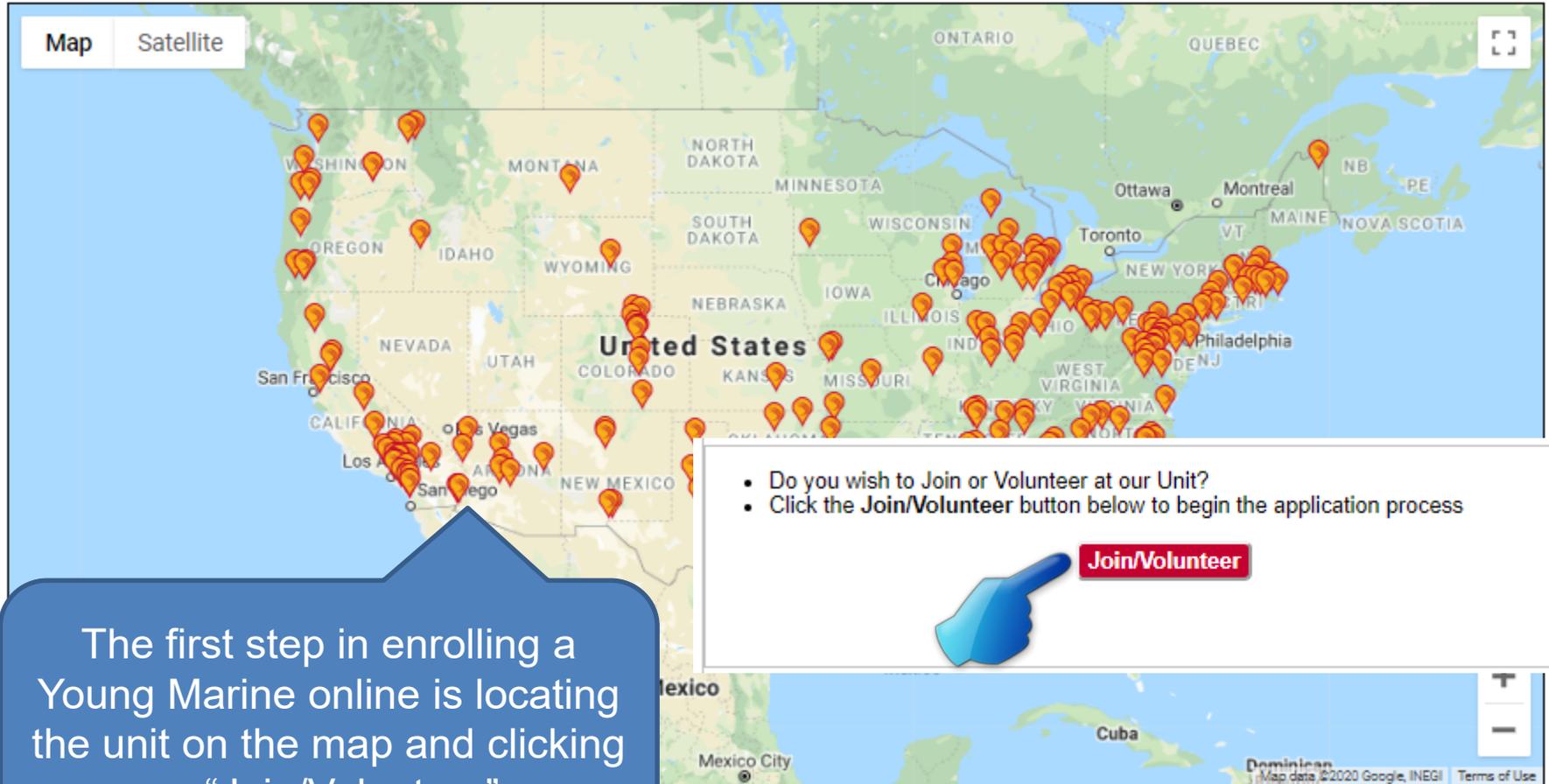
Objective:
To understand the
steps to complete
the online Young
Marines Recruit
Application process

1. Locate a local Young Marines unit
2. Submit an interest form
3. Obtain an application key
4. Set up Parent Portal login
5. Family Contacts
6. Recruit Information
7. Family Contacts Review
8. Agreements and Waivers
9. Medical Information
10. Health History
11. Medications and Allergies
12. Final Review
13. Application submission

Let's get started...

Online Recruit Application Process

Show me the nearest units to zip code: OR



The image shows a screenshot of a web application interface. At the top, there is a search bar with a dropdown menu set to '5', a text input field for a zip code, and buttons for 'Search' and 'Show All'. Below this is a map of the United States with numerous orange location pins indicating the presence of Young Marines units across various states. A callout box with a blue hand icon pointing to a red 'Join/Volunteer' button contains the following text:

- Do you wish to Join or Volunteer at our Unit?
- Click the **Join/Volunteer** button below to begin the application process

The map also includes a 'Map' and 'Satellite' toggle, a zoom control, and a 'Terms of Use' link at the bottom right.

The first step in enrolling a Young Marine online is locating the unit on the map and clicking on “Join/Volunteer”.

Online Recruit Application Process



If you are an existing Adult Volunteer, Parent, or have a previous Application in the system, please login using your established credentials and start your new application. This way your new application will be associated with your existing account.

✓ Denotes required fields

Check all interests that apply. ✓ I would like to register a child(s) to be a Young Marine.
 I would like to serve as an Adult Volunteer.

Comments:

Volunteer/Parent First Name: ✓ Peter
Volunteer/Parent Last Name: ✓ Piper
Volunteer/Parent Email: ✓ ymdbs@youngmarines.com
Volunteer/Parent Phone: ✓ 555-459-7859 (ex: 111-222-3333)

Child	First Name	Last Name	Age
1	Joey	Piper	12
2			
3			
4			

Generate New Image

0QT6G Type the code for

Submit Cancel

Next, the parent or guardian completes the online interest form indicating who would like to join. Multiple people can be included in the submission.

NOTE: If the parent/volunteer already has an account, they must log in and start a new application from their current account.

Click "Submit" to send the form to the unit.

Online Recruit Application Process



Once the interest form is submitted, the parent or guardian receives an automated confirmation email. The unit will then contact them directly.



Peter Piper,

Thank you for your interest in the Young Marines program. Your Interest Form has been received and someone should be contacting you in the next few days.

Online Recruit Application Process



Once the applicant has expressed interest and intent to join, the unit sends the access key.

When the unit sends the Access Key, the applicant receives the key via email. Clicking on the link will take them to the login page.



Peter Piper,
Per our conversation, here is your personal access link to begin the application process.

[Access Link](#)



Online Recruit Application Process



SEARCH UNIT LOCATOR MY UNIT LOGIN

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Unit: Chesters Unit

Unit Home
Contact / Join Unit
Supply Depot
Unit Staff
Photo Albums
Unit Awards
Unit Trip
Unit Calendar

Thank You for your interest in the Young Marines Program.

- If you have made it here, you have already talked to a Unit Representative who has provided you with a Portal Access link. If you are not logged in, we need you to create a username and password which will be used to login.

They will be asked to create a username and create and confirm a password.

Click "Submit" to complete.

This will become their Parent Portal.

Name: Peter Piper
Email: ymdbs@youngmarines.com

Username: *

Password: *

Confirm Password:



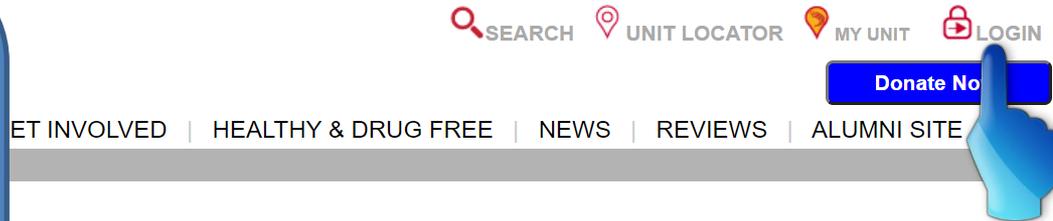
g the lives of America's youth

Online Recruit Application Process

NOTE:

The applicant can access an active application to add or edit information until the application is submitted.

- Visit YoungMarines.com
- Click on Login
- Login using username and password



Username: *

Password: *

- [First Time User? Register here.](#)
- [Forgot Your Username?](#)
- [Forgot Your Password?](#)

Online Recruit Application Process



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Unit: **Chesters Unit**

- Unit Home
- Contact / Join Unit
- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

My Account



Family
Contacts



Applications



Active Event
Registrations



Online Recruit Application Process

The first step in setting up the Parent Portal is to edit Family Contacts information.
Click "Edit" to begin.



Unit: Chesters U

SEARCH | UNIT LOCATOR | MY UNIT | MY ACCOUNT | LOGOUT

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[Return To Account Page](#)

Account Holder: Walter Sample

YM Family Contacts			
Primary	Secondary	Alternates	Action
Walter Sample			Edit

Young Marine Application - Jennifer Sample

Step Number	Step Name	Step Status	Step Completed	Action
1	Recruit Information	InProcess		Start
2	Family Contact Review	Not Started		
3	Agreements/Waivers	Not Started		
4	Medical Info	Not Started		
5	Health History	Not Started		
6	Medications	Not Started		
7	Allergies	Not Started		
8	Application Submit	Not Started		

[Start New Application](#)

Online Recruit Application Process

Select "Edit Contact" to add additional Primary Account Holder contact information.

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Primary Account Holder

Peter Piper						
Edit Contact						
Primary Phone: (555) 459-7859 ()			Alternate Phone: ()			
Email: ymdbs@youngmarines.com			Work Phone:			
Address:						
Last Pri/Sec Review:						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Applicant	Yes		Yes	No	Yes



Secondary Account Holder

None Assigned	
Add Secondary Contact	
Primary Phone:	Alternate Phone:
Email:	Work Phone: Label
Address:	
Last Pri/Sec Review:	

[Additional Contacts](#) [Add](#)

- [Unit Home](#)
- [Contact / Join Unit](#)
- [Supply Depot](#)
- [Unit Staff](#)
- [Photo Albums](#)
- [Unit Awards](#)
- [Unit Trip](#)
- [Unit Calendar](#)

Online Recruit Application Process



Blue check marks indicate required information. Add additional phone numbers and address, identify the contact relationship, click "Save".

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Primary and Secondary Contacts can create logins so they can view/edit contacts for this family.
 Only the Primary can make another contact the Primary for this family.
 If a contact has no permissions/rights for a specific YM you can unattach that YM from that contact.

Personal Information

Denotes required fields

Contact Type: Primary Contact Secondary Contact
 First Name: Peter
 Middle Initial:
 Last Name: Piper
 Email: ymdbs@youngmarines.com
 Primary Phone: 555-459-7859 Home Cell
 Alternate Phone: Home Cell
 Work Phone: 555-888-9999
 Street Address: 1234 Main Street
 Street Address (cont):
 City: The City
 State: Virginia
 Zip Code: 22222



Account Young Marines

YM Name	Contacts Relationship To YM	Attach to Contact	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[Save](#) [Cancel](#)

Online Recruit Application Process

If applicable, add a Secondary Account Holder. This person will also be able to update all YM personal information.

However, only the Primary Account Holder will be able to finalize registrations.

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[Return To Account Page](#)



Primary Account Holder

Peter Piper

[Edit Contact](#)

Primary Phone: (555) 459-7859 () Alternate Phone: ()
 Email: @youngmarines.com Work Phone: (555) 888-9999
 Address: 4 Main Street, The City, VA 22222
 Last Pri/Sec Review: 12/08/21 4:51 PM - Peter Piper

Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Applicant	Yes	Father	Yes	No	Yes

Secondary Account Holder

None Assigned

[Add Secondary Contact](#)

Primary Phone: Alternate Phone:
 Email: Work Phone: Label
 Address:
 Last Pri/Sec Review:



[Additional Contacts](#) [Add](#)

- [Unit Home](#)
- [Contact / Join Unit](#)
- [Supply Depot](#)
- [Unit Staff](#)
- [Photo Albums](#)
- [Unit Awards](#)
- [Unit Trip](#)
- [Unit Calendar](#)

Online Recruit Application Process



Unit: **Chesters Unit**






- Unit Home
- Contact / Join Unit
- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

- Primary and Secondary Contacts can create logins so they can view/edit contact information.
- Only the Primary can make another contact the Primary for this family.
- If a contact has no permissions/rights for a specific YM you can unattach that YM.

Personal Information

✓ Denotes required fields


Contact Type: ✓ Secondary Contact ▼
First Name: ✓ Penelope
Middle Initial:
Last Name: ✓ Piper
Email: ✓ ymdbs@youngmarines.com
Primary Phone: ✓ 555-999-4444 Home Cell
Alternate Phone: Home Cell
Work Phone:
Street Address: ✓ 1234 Main Street
Street Address (cont):
City: ✓ The City
State: ✓ Virginia ▼
Zip Code: ✓ 22222

Account Young Marines

YM Name	Contacts Relationship To YM	Attach to Contact	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Mother	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Enter the Secondary Account Holder's information, identify the contact's relationship and indicate attachments. Click "Save".

Save **Cancel**

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Unit: Chesters Unit

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[Return To Account Page](#)

Primary Account Holder

Peter Piper						
Edit Contact						
Primary Phone: (555) 459-7859 ()			Alternate Phone: ()			
Email: ymdbs@youngmarines.com			Work Phone: (555) 888-9999			
Address: 1234 Main Street, The City, VA 22222						
Last Pri/Sec Review: 12/08/21 4:58 PM - Peter Piper						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Applicant	Yes	Father	Yes	No	Yes

Secondary Account Holder

Penelope Piper						
Edit Contact Delete Contact						
Primary Phone: (555) 999-4444 (C)			Alternate Phone: ()			
Email: ymdbs@youngmarines.com			Work Phone: Label			
Address: 1234 Main Street, The City, VA 22222						
Last Pri/Sec Review: 12/08/21 4:59 PM - Peter Piper						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Penelope Piper	Applicant	Yes	Mother	No	No	Yes

[Additional Contacts](#) [Add](#)



Add any Additional Family Contacts who will be emergency contacts, authorized drivers, etc.

Click on "Add"

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SEARCH UNIT

Unit: **Chesters Unit**

Unit Home
Contact / Join Unit
Supply Depot
Unit Staff
Photo Albums
Unit Awards
Unit Trip
Unit Calendar

- Primary and Secondary Contacts can create logins so they can view/edit contact information.
- Only the Primary can make another contact the Primary for this family.
- If a contact has no permissions/rights for a specific YM you can unattach that contact.

Personal Information

Denotes required fields

Contact Type: Alternate Contact

First Name: Sam

Middle Initial:

Last Name: Smith

Email:

Primary Phone: 555-555-5555 Home Cell

Alternate Phone: Home Cell

Work Phone:

Street Address: 1111 Here Ave.

Street Address (cont):

City: City

State: Virginia

Zip Code: 22222

YM Name	Contacts Relationship To YM	Attach to Contact	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	<input type="text" value="Neighbor"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Save Cancel

Select "Alternate Contact" from the Contact Type list.

Enter the contact's information. Indicate the relationship and attach the Young Marine to the contact.

Click "Save".

Repeat this step for as many contacts as needed.

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Click on "Return To Account Page" to proceed with the application.

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Primary Account Holder

Peter Piper

[Edit Contact](#)

Primary Phone: (555) 459-7859 ()		Alternate Phone: ()				
Email: ymdb@youngmarines.com		Work Phone: (555) 888-9999				
Address: 1234 Main Street, The City, VA 22222						
Last Pri/Sec Review: 12/08/21 4:58 PM - Peter Piper						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian (Court Appointed)	Emergency Contact
Joey Piper	Applicant	Yes	Father	Yes	No	Yes

Secondary Account Holder

Penelope Piper

[Edit Contact](#) | [Delete Contact](#)

Primary Phone: (555) 999-4444 (C)		Alternate Phone: ()				
Email: ymdb@youngmarines.com		Work Phone: Label				
Address: 1234 Main Street, The City, VA 22222						
Last Pri/Sec Review: 12/08/21 4:59 PM - Peter Piper						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Joey Piper	Applicant	Yes	Mother	No	No	Yes

Additional Contacts [Add](#)

Sam Smith

[Edit Contact](#) | [Delete Contact](#)

Primary Phone: (555) 555-5555 (C)		Alternate Phone: ()				
Email: samsmith@email.com		Work Phone:				
Address: 1111 Here Ave., City, VA 22222						
Last Pri/Sec Review: 12/08/21 5:07 PM - Peter Piper						
Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Joey Piper	Applicant	Yes	Neighbor	No	No	Yes

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Unit: **Chesters Unit**

- Unit Home
- Contact / Join Unit
- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

My Account



Family
Contacts



Applications



Active Event
Registrations



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Account Holder: Walter Sample

YM Family Contacts			
Primary	Secondary	Alternates	Action
Walter Sample	Susan Sample	Sam Sample,	Edit

Click on "Start" to enter the Young Marine Recruit's information.

Young Marine Application - Jennifer Sample				
Member	Step Name	Step Status	Step Completed	Action
	Recruit Information	InProcess		Start
	Family Contact Review	Not Started		
	Agreements/Waivers	Not Started		
	Medical Info	Not Started		
	Health History	Not Started		
	Medications	Not Started		
	Allergies	Not Started		
	Application Submit	Not Started		

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- Unit: Chesters Unit
- Unit Home
- Contact / Join Unit
- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

Recruit Information

Child's First Name: ✓ Joey

Child's Middle Name:

Child's Last Name: ✓ Piper

Child's Birthdate: ✓ 12/21/2009

Child's SSN: ✓

Living with: ✓ Mother & Father Mother Father Legal Guardian

Child's Cell Phone Number:

Child's Email: ymdbs@youngmarines.com

Expected High School Graduation (MM/YY): ✓ 06 27

Recruited By: Jimmy Doe

Child's Gender: ✓ Male Female

Name of Medical Insurance Company: ✓ Awesome Insurance Company

Policy Number: ✓ A123456

Insurance Contact Phone: ✓ 555-777-1234

Submit

Information with the blue check marks is required.
Click "Submit" when complete.

Online Recruit Application Process



The next step is reviewing the Family Contacts.
Click "Start" to begin.

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Account Holder: Walter Sample

YM Family Contacts			
	Secondary	Alternates	Action
Walter Sample	Susan Sample	Sam Sample,	Edit

Young Marine Application - Jennifer Sample					
Step Number	Step Name	Step Status	Step Completed	Action	
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	Edit	Start
2	Family Contact Review	InProcess			
3	Agreements/Waivers	Not Started			
4	Medical Info	Not Started			
5	Health History	Not Started			
6	Medications	Not Started			
7	Allergies	Not Started			
8	Application Submit	Not Started			

[Start New Application](#)

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Make sure all information is accurate and complete. Click on "Contact Review Complete"

- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

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Family Contact Review

Contacts below paying particular attention to their association to each of your Young Marines. Contacts reviewed since you submitted your Interest Form are labeled "Needs to be reviewed" in red. "Contact" link and once satisfied everything is correct click the "Save" button. Once reviewed and updated a "Contact Review Complete" button will appear to complete the "Family Contact Review" step.

Contact Review Complete



Primary Account Holder

Peter Piper

[Edit Contact](#)

Primary Phone: (555) 459-7859 () Alternate Phone: ()
 Email: ymdbs@youngmarines.com Work Phone: Label
 Address: 1234 Main Street, The City, VA 22222
 Last Updated: 12/8/2021 4:59:42 PM

Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Joey Piper	Applicant	Yes	Father	Yes	No	Yes

Secondary Account Holder

Penelope Piper

[Edit Contact](#) | [Delete Contact](#)

Primary Phone: (555) 999-4444 (C) Alternate Phone: ()
 Email: ymdbs@youngmarines.com Work Phone: Label
 Address: 1234 Main Street, The City, VA 22222
 Last Updated: 12/8/2021 4:59:42 PM

Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Joey Piper	Applicant	Yes	Mother	No	No	Yes

Additional Contacts [Add](#)

Sam Smith

[Edit Contact](#) | [Delete Contact](#)

Primary Phone: (555) 555-5555 (C) Alternate Phone: ()
 Email: samsmith@email.com Work Phone:
 Address: 1111 Here Ave., City, VA 22222
 Last Updated: 12/8/2021 5:07:12 PM

Young Marine	Status	Attached	Relationship	Primary Residence	Legal Guardian	Emergency Contact
Joey Piper	Applicant	Yes	Neighbor	No	No	Yes

Online Recruit Application Process



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- MY UNIT
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The next step is
 Agreements and Waivers.

 Click "Start" to begin.

[Return To Account Page](#)

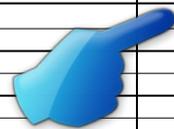
Account Holder: Walter Sample

YM Family Contacts

Primary	Secondary	Alternates	Action
	Susan Sample	Sam Sample,	Edit

Young Marine Application - Jennifer Sample

Step Number	Step Name	Step Status	Step Completed	Action
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	
2	Family Contact Review	Completed	2/23/2022 8:59:47 AM	Edit
3	Agreements/Waivers	InProcess		Start
4	Medical Info	Not Started		
5	Health History	Not Started		
6	Medications	Not Started		
7	Allergies	Not Started		
8	Application Submit	Not Started		



Start New Application

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Online Recruit Application Process

Be sure to carefully read each statement. Indicate agreement by checking the box.



HOME | ABOUT US | WHAT WE DO | GET INVOLVED | HEALTHY & DRUG FREE | NEWS | REVIEWS | ALUMNI

Please check the eSign checkbox for each subsection and then electronically sign the document on the bottom of page.

PHOTO CONSENT

The Young Marines may encounter the news media, video and film crews, or photographers hired by the Young Marines for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that Young Marines and adults attending programs will be photographed. I/We give my consent to authorize the Young Marines of the Marine Corps League, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during Young Marines training or related activities. I/We understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League or the entity or person authorized or designated by it, solely and completely. I/We also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I/We affirmatively release and discharge the Young Marines of the Marine Corps League from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of my/our child while a participant in the Young Marines Program.

I hereby agree with the above stated Photo Consent

I DO NOT agree with the above stated Photo Consent for the reason of:

eSign

MEDICAL CONSENT

I certify that I am the parent, legal guardian, or other person in legal control of Jennifer Sample a minor and request and authorize that minor be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

eSign

PARTICIPATION AGREEMENT

I the undersigned, parent(s)/guardian(s) of Jennifer Sample a minor, do hereby give permission for my/our child to participate in activities sponsored by Young Marines of the Marine Corps League and its chartered units. I/We agree that my/our child will abide by all rules and regulations adopted and published by the Young Marines relating to the operation and conduct of the program and the use of facilities provided for the program. I/We understand that the failure of my/our child to observe these rules and regulations may result in his/her exclusion from participation in the program and a forfeit of all registration fees paid to the program. Furthermore, I/We understand the program will involve rigorous physical, recreational and outdoor activities, and represent that my/our child is physically able to participate in the program.

eSign

HOLD HARMLESS AGREEMENT

I fully understand that his/her participation may entail the risk of physical injury. I/We voluntarily agree(s) to waive, release, discharge and relinquish any actions or causes of action, whether resulting from injury, property damage, or wrongful death, and further agree to release, indemnify, and hold harmless the program, Young Marines of the Marine Corps League, the U.S. Marine Corps, Department of the Navy, Department of Defense and/or any participating Military/National Guard Base, Station, Installation, Training Center, or Federal, State agency or against any officers, employee or administrator of the same or any agents hired or volunteer acting on behalf of or for the Young Marines, Inc. from any and all liability occurring as a result of his/her participation in the program.

eSign

MEDICAL CLAIM AGREEMENT

I understand that as parent(s)/guardian(s), my/our health insurance will be responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Financial costs not covered by my/our child's health insurance will be submitted to Young Marines National Headquarters for claim.

eSign

YOUNG MARINES PRIVACY POLICY

The Young Marines protects the confidentiality of the names and personal information of those who are registered with the organization. No commercial or unauthorized use or transmittal to other entities of the names, addresses, and phone numbers of members, parents and unit personnel only.

eSign

PARENT/GUARDIAN CERTIFICATION

I, the undersigned, certify that I am the parent or legal guardian of the applicant and have signed it voluntarily. The undersigned further represents that I/we have not relied on any promise or representation made by the organization, and that the information provided is complete, correct, and true to the best of my/our knowledge.

eSign

Once completed, the next step is e-signing the agreements.

Electronically Sign

Cancel

Online Recruit Application Process



 SEARCH  UNIT LOCATOR  MY UNIT  LOGIN

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Electronic Signature Validation Form

This page requires you to re-authenticate before we can electronically sign



Password

The electronic agreement is signed when the applicant enters the password they created for their Parent Portal.

Click "Validate" to complete.

Online Recruit Application Process



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Medical Info is the next step.

Click "Start"

Unit: **Chesters Unit**

- Unit Home
- Contact / Join Unit
- Supply Depot
- Unit Staff
- Photo Albums
- Unit Awards
- Unit Trip
- Unit Calendar

YM Family Contact			
Primary	Secondary	Alternates	Action
Walter Sample	Susan Sample	Walter Sample,	Edit

Young Marine Application - Jennifer Sample				
Step Number	Step Name	Step Status	Step Completed	Action
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	Edit
2	Family Contact Review	Completed	2/23/2022 8:59:47 AM	Edit
3	Agreements/Waivers	Completed	2/23/2022 9:04:33 AM	Edit
4	Medical Info	InProcess		Start
5	Health History	Not Started		
6	Medications	Not Started		
7	Allergies	Not Started		
8	Application Submit	Not Started		

[Start New Application](#)

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Enter the YM Recruit's health insurance and physician information.



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✓ Denotes required fields

Insurance Company ✓ BlueCross BlueShield

Insurance Policy Number ✓ TNA123456789012

Insurance Contact Phone ✓ 833-212-0857

Insurance Card Front None on File InsuranceC...ple_Front.jpg

Insurance Card Back None on File InsuranceC...ple_Back.jpg



Primary Physician's Name Dr. Feelwell

Date of last Primary Physician Visit 02/01/2022

Dentist's Name Dr. Molar

Date of last Dentist Visit 02/01/2022

Last Physical Date ✓ 02/01/2022

Last Physical Form None on File PhysicalExamSample.png

Tetanus (Td/Tdap) Yes No Waiver No file chosen

required if Tetanus waived above) None on File

Upload the requested documents from file browser, then click "Upload Now" to complete.

Click "Save"

Unit
Conta
Suppl
Unit S
Photo
Unit Av
Unit Tri
Unit Ca

PHYSICAL EXAMINATION

YOUNG MARINES INFORMATION

First Name: Joey

DOB: 12/21/2009

Weight: 105

Height: 110/70

Exam	Normal	Abnormal
Eyes/Vision	✓	
Ears/Noise/Throat	✓	
Lungs	✓	
Heart	✓	
Abdomen	✓	
Hernia	✓	
Musculoskeletal	✓	
Neurological	✓	
Other		

EXAMINER'S SIGNATURE: Dr. Manners

Office Address: 5555 Healthy Lane

City: Anywhere

Phone: (555) 444-3210

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Next is Health History.
Click "Start"

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Account Holder: Walter Sample

YM Family Contacts			
	Secondary	Alternates	Action
Walter Sample	Susan Sample	Sam Sample,	Edit

Young Marine Application - Jennifer Sample					
Step Number	Step Name	Step Status	Step Completed	Action	
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	Edit	
2	Family Contact Review	Completed	2/23/2022 8:59:47 AM	Edit	
3	Agreements/Waivers	Completed	2/23/2022 9:04:33 AM	Edit	
4	Medical Info	Completed	2/23/2022 9:32:23 AM	Edit	
5	Health History	InProcess		Start	
6	Medications	Not Started			
7	Allergies	Not Started			
8	Application Submit	Not Started			

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- [Contact / Join Unit](#)
- [Supply Depot](#)
- [Unit Staff](#)
- [Photo Albums](#)
- [Unit Awards](#)
- [Unit Trip](#)
- [Unit Calendar](#)

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Select "Yes" or "No" for each of the conditions listed. If "Yes," please provide a brief explanation.

Click "Save"

Condition		
Wears eye glasses / contact lenses	<input type="radio"/> Y <input type="radio"/> N	
Is on a restricted diet	<input type="radio"/> Y <input type="radio"/> N	
Wears a hearing aid	<input type="radio"/> Y <input type="radio"/> N	
Diabetes	<input type="radio"/> Y <input type="radio"/> N	HbA1c percentage and date:
Is under a doctor's care	<input type="radio"/> Y <input type="radio"/> N	
Hypertension (high blood pressure)	<input type="radio"/> Y <input type="radio"/> N	
Adult or congenital heart disease / heart attack / chest pain (angina) / heart murmur / coronary artery disease / any heart surgery or procedure / suffered Rheumatic Fever. Explain all "yes" answers.	<input type="radio"/> Y <input type="radio"/> N	
Family history of heart disease or any sudden heart-related death of a family member before age 50.	<input type="radio"/> Y <input type="radio"/> N	
Stroke/ TIA	<input type="radio"/> Y <input type="radio"/> N	
Asthma	<input type="radio"/> Y <input type="radio"/> N	Last attack date:
Lung/ respiratory disease	<input type="radio"/> Y <input type="radio"/> N	
Ear/ eyes/ nose/ sinus problems	<input type="radio"/> Y <input type="radio"/> N	
Muscular/ skeletal condition/ muscle or bone issues	<input type="radio"/> Y <input type="radio"/> N	
Head injury/ concussion	<input type="radio"/> Y <input type="radio"/> N	
Psychiatric/ psychological or emotional difficulties	<input type="radio"/> Y <input type="radio"/> N	
Behavioral/ neurological disorders	<input type="radio"/> Y <input type="radio"/> N	
Blood disorders/ sickle cell disease	<input type="radio"/> Y <input type="radio"/> N	
Fainting spells and/ or dizziness	<input type="radio"/> Y <input type="radio"/> N	

Save **Cancel**

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Almost done.
Medications is next.

Click "Start"

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Account Holder: Walter Sample

YM Family Contacts

Primary	Secondary	Alternates	Action
	Susan Sample	Sam Sample,	Edit

Young Marine Application - Jennifer Sample

Step Number	Step Name	Step Status	Step Completed	Action
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	Edit
2	Family Contact Review	Completed	2/23/2022 8:59:47 AM	Edit
3	Agreements/Waivers	Completed	2/23/2022 9:04:33 AM	Edit
4	Medical Info	Completed	2/23/2022 9:32:23 AM	Edit
5	Health History	Completed	2/23/2022 9:44:20 AM	Edit
6	Medications	InProcess		Start
7	Allergies	Not Started		
8	Application Submit	Not Started		

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PERMISSION TO USE OVER-THE-COUNTER MEDICATION
(If not completed, the Young Marine will not be eligible for recruitment.)

Yes, the minor identified above 'HAS' my permission to take any over-the-counter medications in the home.
 No, the minor identified above 'DOES NOT' have my permission to take any over-the-counter medications in the home.

Over-The-Counter Medication Exception	Remarks (optional)
Alieve	Tylenol or Advil only for pain relief

Does the Unit have permission to dispense medications?
Indicate "Yes" or "No"

Over-the-counter medication
(if "Yes," list any exceptions)
Prescription medication
(if "Yes," list prescriptions and doses)

PERMISSION TO DISPENSE PRESCRIPTION MEDICATION
(If not completed, the Young Marine will not be eligible for recruitment.)

Yes, I request and authorize that the minor identified above be administered the following prescription medication(s):
 No, the minor identified above 'DOES NOT' have my permission to take any prescription medication(s).

Authorized Prescription Medication	Remarks (optional)

test.des-inc.net says
You have chosen to 'NOT' allow the minor listed above to receive any prescription medications.
If this is not your intent click 'CANCEL' otherwise any medications you have listed will be cleared.

If "No," the parent is prompted to confirm the selection.

Click "Save"

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Unit: Chesters Unit

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Account Holder: **Walter Sample**

YM Family Contacts

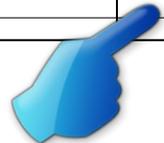
Secondary	Alternates	Action
	Sam Sample,	Edit

Allergies completes the application
 Click "Start"

g Marine Application - Jennifer Sample

	Step Status	Step Completed	Action
	Completed	2/23/2022 8:58:37 AM	Edit
	Completed	2/23/2022 8:59:47 AM	Edit
3	Completed	2/23/2022 9:04:33 AM	Edit
4	Completed	2/23/2022 9:32:23 AM	Edit
5	Completed	2/23/2022 9:44:20 AM	Edit
6	Completed	2/23/2022 9:59:04 AM	Edit
7	InProcess		Start
8	Not Started		

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ALLERGIES
 YES (please list below) No known allergies.

Food Allergies	
Food Name	Allergic Reaction
Dairy	Gas and diarrhea

Plant Allergies	
Plant Name	Allergic Reaction

Medication Allergies	
Medication Name	Allergic Reaction

Insect Sting / Bite Allergies	
Insect Name	Allergic Reaction
Bees	Hives. Give two Benadryl.

If the YM Recruit has any food, medication, plant, or insect allergies, indicate "Yes" or "No"

If "Yes," indicate the type and specify the allergic reaction.

Click "Save"

Online Recruit Application Process



The applicant is now ready to review the completed application.

Click on "View Application" to download the application and review the information entered.

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Account Holder: Walter Sample

YM Family Contacts

Secondary	Alternates	Action
Jusan Sample	Sam Sample,	Edit

Young Marine Application - Jennifer Sample

Step	Status	Step Completed	Action
1	Completed	2/23/2022 8:58:37 AM	Edit
2	Completed	2/23/2022 8:59:47 AM	Edit
3	Completed	2/23/2022 9:04:33 AM	Edit
4	Completed	2/23/2022 9:32:23 AM	Edit
5	Completed	2/23/2022 9:44:20 AM	Edit
6	Completed	2/23/2022 9:59:04 AM	Edit
7	Completed	2/23/2022 10:09:14 AM	Edit
8	InProcess		View Application Submit Application

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Online Recruit Application Process



Open the downloaded Microsoft Word document to review the completed application.

Online Recruit Application Process



If any changes need to be made, click on “Edit” for the appropriate step to update information.

If the applicant is satisfied with the completed application, they will click on “Submit Application.”

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Walter Sample

Alternates	Action
	Edit

Application - Jennifer Sample

	Step Completed	Action
1	Recruit Information Completed 2/23/2022 8:58:37 AM	Edit
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5	Health History Completed 2/23/2022 9:44:20 AM	Edit
6	Medications Completed 2/23/2022 9:59:04 AM	Edit
7	Allergies Completed 2/23/2022 10:09:14 AM	Edit
8	Application Submit InProcess	View Application Submit Application

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Application Submit

Congratulations! You have completed all your Young Marine Application steps

1. If you are sure all your information is correct click the "Submit" button below
2. If you want to go back and review any of your information click the "Cancel" button



Last chance to review.
Click "Submit" to complete or
"Cancel" to return to the
application.

Online Recruit Application Process

Congratulations!

The application has been submitted to the unit for uniform sizing and approval.

The applicant can click on "View Application" to download the submitted application for their records.

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Unit Holder: Walter Sample

YM Family Contacts

Boundary	Alternates	Action
	Sam Sample,	Edit

Young Marine Application - Jennifer Sample

Step Number	Step Name	Step Status	Step Completed	Action
1	Recruit Information	Completed	2/23/2022 8:58:37 AM	
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5	Health History	Completed	2/23/2022 9:44:20 AM	Edit
6	Medications	Completed	2/23/2022 9:59:04 AM	Edit
7	Allergies	Completed	2/23/2022 10:09:14 AM	Edit
8	Application Submit	Completed	2/23/2022 10:08:44 AM	View Application

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