

**UNIT REQUEST FOR ACTIVE DUTY INDEPENDENT DUTY PERSONNEL (IDP)**

**New Instructions:**

1. Review notice to command
2. Determine Military Component Approving Official (MCAO)
3. Complete command information, facility information, and list personnel
4. Obtain commanding officer/officer in charge signature
5. Obtain MCAO signature (via email)

**Renewal Instructions:**

1. Attach a copy of your original approved Unit Request for Active Duty Independent Duty Personnel (IDP)
2. Attach a command memorandum stating your continued eligibility for this program

**Notice To Command:**

*Federal DoD Title 10 Only:* It is the command's responsibility to ensure all eligible command members are notified on the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of membership(s) at this duty station or future duty stations. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time for renewal.

1. Members are required to attend the facility a minimum of 8 calendar days per month. It is the service member's responsibility to ensure their visits are accurately registered via card swipe, log book, etc.
2. The Unit Request for Active Duty Independent Duty Personnel (IDP) must be completed in its entirety or it will be returned to the command. All applicable information must be included. Failure to do so will result in a delay in processing this request

**Renewal Requirement:**

1. Each service member must resubmit an eligibility form and the original approved Unit Request for Active Duty Independent Duty Personnel (IDP) to the facility.

**MCAO's (AS OF APRIL 2019):**

<p align="center"><b><u>ARMY:</u></b>  <b>Army Recruiting Command:</b>  <a href="mailto:usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil">usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil</a>  <b>Army- All Other IDP Requests:</b>  <a href="mailto:usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil">usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil</a></p>	<p align="center"><b><u>MARINE CORPS:</u></b>  <b>Marine Forces Reserve:</b>  <a href="mailto:rick.martinez1@usmc.mil">rick.martinez1@usmc.mil</a>  <b>Marine Corps Recruiting Command:</b>  <a href="mailto:gilbert.macias@marines.usmc.mil">gilbert.macias@marines.usmc.mil</a>  <b>Marine Corps- Other IDP Requests:</b>  <a href="mailto:Lynda.rummel@usmc-mccs.org">Lynda.rummel@usmc-mccs.org</a></p>
<p align="center"><b><u>AIR FORCE:</u></b>  <b>Air Force- All IDP Approvals:</b>  <a href="mailto:aaron.smelser@us.af.mil">aaron.smelser@us.af.mil</a>  <a href="mailto:juan.hernandez.30@us.af.mil">juan.hernandez.30@us.af.mil</a></p>	<p align="center"><b><u>NAVY:</u></b>  <b>Navy- All IDP Approvals:</b>  <a href="mailto:usnymca.fct@navy.mil">usnymca.fct@navy.mil</a></p>

**UNIT REQUEST FOR ACTIVE DUTY INDEPENDENT DUTY PERSONNEL (IDP)**

**Fitness Facility Information:**

Fitness Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Command Information:**

Command/Unit Name: \_\_\_\_\_

Command/Unit Street Address: \_\_\_\_\_

Command/Unit City, State, Zip Code: \_\_\_\_\_

Duty Address: \_\_\_\_\_

Duty City, State, Zip Code: \_\_\_\_\_

Command Unit/POC: \_\_\_\_\_

Command Unit/POC 10 Digit Email: \_\_\_\_\_

**Rate/Rank/Full Name of Each Service Member (Add Additional Pages if Necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commanding Officer / Officer in Charge Signature:**

*I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I certify the above named active duty personnel are assigned to this command and will be for the duration of the membership. This command does not pay for fitness memberships for our personnel and does not have access to a free fitness facility at or near this location. I understand that each member must attend the facility 8 calendar days per month in order to be eligible for renewal or for reinstatement at a follow on command, if applicable.*

**Signature and Date:** \_\_\_\_\_

**Military Component Approving Official Signature:**

**Signature and Date:** \_\_\_\_\_