

## Mailbox Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Do you need assistance applying for an ID? YES NO

Do you need assistance registering to vote? YES NO

Do you need assistance finding health services? YES NO

Do you need assistance getting state and local resources? YES NO

How else may we assist you? \_\_\_\_\_

### Employment

Are you currently employed? YES NO

If yes,

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you looking for a job? YES NO

Would you like help with finding a job? YES NO

### References

*Please list at least one person we can contact should we need to get a hold of you:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Military Service**

Would you like assistance getting connected with the VA and learning about benefits you may qualify for?      YES      NO  
     

If yes,  
Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_

**Disclaimer and Signature**

*I authorize Shawnee St. Paul's United Methodist Church to receive my mail at 301 N. Beard Ave., Shawnee, OK 74801.*

*I authorize Shawnee St. Paul's United Methodist Church to take my photo to place on my mailbox as photo identification.*

*I understand that only the person photographed and named on the box is allowed to pick up my mail.*

*I agree not to ship illegal substances, explosive devices or materials, weapons, or any item that can cause harm to my Mission Post address at 301 N. Beard Ave., Shawnee, OK 74801.*

*I understand that Shawnee St. Paul's United Methodist Church will only separate mail by name and box number. Shawnee St. Paul's United Methodist Church will not open my mail for me, even upon request.*

*I understand that I can only pick up my mail Monday – Thursday from 1pm to 4pm.*

*I understand that the Mission Post is closed for all major holidays in alignment with the United States Post Office and Shawnee St. Paul's United Methodist Church.*

*I understand that if I have not picked up my mail within a 6-week period of time and Shawnee St. Paul's United Methodist Church cannot reach me, my mail will be shredded, and my mailbox reassigned.*

*I understand that Shawnee St. Paul's United Methodist Church is not responsible for lost mail, lost packages, damaged mail, or damaged packages.*

*I understand that Shawnee St. Paul's United Methodist Church will not sign for certified mail or packages.*

*I understand that by signing this application form, that I waive any rights to liability claims or lawsuits against Shawnee St. Paul's United Methodist Church.*

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer Receiving Application