

Agreement To Receive Mail

I am requesting to use the AmeriCorps SBC/Northern Santa Barbara County PO Box **for essential mail** to help me prepare for housing eligibility because I do not have a better place to have my mail sent. **My mail will be brought to:**

SOUTH: Santa Barbara & Isla Vista: Pershing Park: 299 Castillo St | Date/Time: Wed 5:00pm AND; & **Alameda Park:** 1400 Santa Barbara St | Date/Time: Thurs 5:30pm; **Isla Vista Community Room,** 970 Embarcadero Del Mar | Fri 12:30pm.

NORTH: Santa Maria: Power of God Christian Center, 1503 N McClelland St. | Tues 4:30pm, **Salvation Army,** 200 W Cook St. | Thurs 9:30am & **Grace Baptist Church Corner Of College and McCoy,** 605 E McCoy | Friday 9:30am

MID: Lompoc: Parking lot in front of Mervyns, 1600 North H Street | Mon and Wed 8:00am

*Mail distribution at these locations only. No mail will be distributed at any other location. If you do not pick up your mail in 30 days it will be returned to sender. *If there is an emergency including but not limited to a natural disaster mail may be distributed at another location for an extended period. Call 805-450-3558 for the current location.*

I am 18 years or older or my parent or guardian has agreed to my participation. **I/or my parent or legal guardian understand the legal consequences of signing this document, including (a) releasing the AmeriCorps/United Way Staff from all liability, (b) and promising not to sue the AmeriCorps/United Way Staff.** In consideration of this benefit I hold AmeriCorps/United Way harmless. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this entire document and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant's Signature: _____

Parent/Guardian _____

Participant's Name: _____ Phone: _____ Email: _____

Address: _____

AmeriCorps Member or Volunteer Name/Phone: _____

Give Participant A Copy Of Agreement

Copy Of Agreement

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If I have questions regarding my mail I may contact staff at 805-450-3558 or write to SBC AmeriCorps c/o Northern Santa Barbara County United Way.

North County | PO Box 947 | Santa Maria | CA | 93456

Mid-County | PO BOX 2704 | Lompoc | CA | 93438

South County | 27 W Anapamu St #195 | Santa Barbara | CA | 93101