

Safe Environment Coordinator Form

Parish/School: _____ Institution #: _____

County: _____

Coordinator:

Name: _____

Address (where you want to receive mail from our office):

Telephone: Work: _____ Home: _____

FAX: _____

E-Mail: _____

This person will be the coordinator for:

_____ Parish (if applicable)

_____ School (if applicable)

_____ Religious Education program (if applicable)

_____ CYO Sports program (if applicable)

Please return this completed form to the Safe Environment office by mail, fax (212-421-1801),
or email (safe@archny.org)