

Safety Officer Information Form

Entity Name _____

Safety Officer Name _____

Address _____

City, State, ZIP _____

Daytime Telephone Number _____

Mobile Phone (Optional) _____

Email Address _____

Safety Committee

We have appointed a Safety Committee

The Church Board is our Safety Committee

Please Return this form to the Arkansas Louisiana Conference

Attn: Carlos Portanova, PO Box 31000, Shreveport, LA 711130

E-mail: cportanova@arklac.org