



CITY OF BERWYN RECREATION DEPARTMENT

6501 W. 31ST STREET BERWYN, IL 60402
PHONE 708/788-2010 FAX 708/788-2657
www.BerwynRecreation.com



I _____ agree to volunteer as a coach for the Berwyn
Print full name

Recreation Center for the Youth Pony Baseball Program.

Please answer the following question:

Have you ever been convicted of or found to be a child sex offender? YES NO



Signature

Print full name

Date of completion



ROBERT J. LOVERO
Mayor

ANTHONY MARTINUCCI
Director

JOE BELCASTER
Program Supervisor

CITY OF BERWYN RECREATION CENTER
VOLUNTEER COACHING INFORMATION

NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS:

NAME OF PROGRAM/DIVISION/CHILD COACHING

I _____ agree to volunteer as a coach for the Berwyn
Recreation Center. I understand that I am responsible in contacting players on my roster and
following the rules of the program.

Signature

Print full name

Date completed