

NORTHERN CALIFORNIA HOSPITAL AND INSTITUTION COMMITTEE

PO Box 192490 San Francisco CA 94119-2490 www.handinorcal.org

H&I FORM 2 – Area Meeting Recap

AREA NAME & #:
Date completed:
Total # of weekly meetings listed below:
Area Chair name & contact info:
Regional Chair name & contact info:

NOTE: IF THERE IS MORE THAN ONE WEEKLY MEETING AT A SINGLE FACILITY, PLEASE LIST EACH ONE AS A SEPARATE MEETING DO NOT INCLUDE MEETINGS AT STATE PRISONS AS THEY ARE INCLUDED IN THE FORMS COMPLETED BY THE INSTITUTION COORDINATORS.

	Facility Name and Address	Facility type & brief meeting description	Day & Time	# of volunteers	Average # of attendees
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

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	Facility Name and Address	Facility type & brief meeting description	Day & Time	# of volunteers	Average # of attendees
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

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	Facility Name and Address	Facility type & brief meeting description	Day & Time	# of volunteers	Average # of attendees
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					

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	Facility Name and Address	Facility type & brief meeting description	Day & Time	# of volunteers	Average # of attendees
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					