

NORTHERN CALIFORNIA HOSPITAL AND INSTITUTION COMMITTEE

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

H&I FORM 2 – MAJOR FACILITY SUMMARY

DATE OF REPORT:

FACILITY NAME:					
Facility Address:					
H&I Coordinator name & contact info:					
Total # of Weekly Facility Meetings listed below =					
PLEASE LIST EACH WEEKLY MEETING WHICH OCCURS AT YOUR FACILITY; if a meeting only occurs every other week, list it as, for example, "1st & 3rd Monday"					
	Meeting designator (pod, yard, etc.)	brief meeting description (gender, format etc.)	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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	Meeting designator (pod, yard, etc.)	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					