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 & PHONE NUMBER:	

# OF WEEKLY MEETINGS	**# OF ACTIVE VOLUNTEERS**
# OF TWICE-MONTHLY MEETINGS	**# OF ENGLISH MEETINGS**
# OF MONTHLY MEETINGS	**# OF SPANISH MEETINGS**
# OF ACTIVE GRAPEVINE SUBSCRIPTIONS	**# OF ACTIVE LA VIÑA SUBSCRIPTIONS**

IMPORTANT - PLEASE COMPLETE ONE LINE FOR EACH MEETING AT THIS FACILITY.

List each meeting separately. FREQUENCY: W = Weekly | 2X = Twice Monthly | M = Monthly.

For twice-monthly meetings, include the weeks (e.g., 1st & 3rd Friday, 6:00 PM).

LANGUAGE: Enter S for Spanish or E for English.

	Meeting designator (pod, yard, etc.)	Brief meeting description (gender, format etc.)	Freq. (W / 2X / M)	Day & Time	Language (E / S)	Average # of attendees
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

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13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

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32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						