

Northern California Hospital and Institution Committee

P.O. Box 4032, San Francisco, CA 94101

REGION # _____ REGIONAL CHAIR: _____ AREA# _____ AREA CHAIR: _____ Date _____

FACILITY NAME/UNIT:	
Meeting description (gender/format/est # attendees, etc):	
Address:	
Meeting day/time:	
Inside Contact Name:	
Phone:	Email:
Clearance Contact Name:	
Phone:	Email:

H&I Meeting Coordinator	Clearance exp.	CONTACT PHONES	EMAIL

1 st WEEK VOLUNTEER TEAM	Clearance exp.	CONTACT PHONES	EMAIL

2 nd WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

3 rd WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

4 th WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

5 th WEEK VOLUNTEER TEAM	Clearance Exp	CONTACT PHONES	EMAIL

ALTERNATES	Clearance Exp	PHONES	EMAIL