

NORTHERN CALIFORNIA HOSPITAL AND INSTITUTION COMMITTEE

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

H&I FORM 2 – MAJOR FACILITY SUMMARY

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

	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					

	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					