



**Marshfield Clinic AmeriCorps**  
Member and Host Site Contact Information

Please complete upon return to your site. Scan and email to [cco@marshfieldclinic.org](mailto:cco@marshfieldclinic.org)  
no later than **Friday, September 22, 2017**.

Member name: \_\_\_\_\_ AFS\_\_ VOL WI\_\_ Recovery\_\_

Member host site email: \_\_\_\_\_

Member host site phone: (\_\_\_\_\_) \_\_\_\_\_

Member address while serving (Local address, City, WI ZIP):

\_\_\_\_\_

Host Site Supervisor name: \_\_\_\_\_

Host Site Supervisor email: \_\_\_\_\_

Host Site Supervisor phone: (\_\_\_\_\_) \_\_\_\_\_

Host Site Mailing Address (Address, City, WI ZIP):

\_\_\_\_\_

Physical Address of Host Site (only if different):

\_\_\_\_\_