



Marshfield Clinic Health System AmeriCorps

Member Host Site Contact Information

Please complete upon return to your site. Scan and email to communityhealth@marshfieldclinic.org no later than Friday September 21, 2018

Member name: _____

Member host site email: _____

Member host site phone: (_____) _____

Member host site address:

Street #: _____

City: _____ Zip code: _____

Host Site Supervisor name: _____

Host Site Supervisor email: _____

Host Site Supervisor phone: (_____) _____