



## Marshfield Clinic Health System AmeriCorps

### Member Host Site Contact Information

Please complete upon return to your site. Scan and email to [communityhealth@marshfieldclinic.org](mailto:communityhealth@marshfieldclinic.org) no later than Friday September 20, 2019

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: ( \_\_\_\_\_ ) \_\_\_\_\_