

GROUP VISITATION REPORT

NAME OF GROUP: _____

DAY OF MEETING: _____ TIME OF MEETING: _____

ADDRESS: _____

DIRECTIONS TO MEETING:

PURPOSE OF VISIT:

GROUP'S RESPONSE TO OUTREACH VISIT:

DOES THE GROUP REQUEST OUTREACH ASSISTANCE? YES NO

IN WHAT AREA(S) DOES THE GROUP NEED HELP?

WHAT SERVICE POSITIONS ARE FILLED ___ GSR ___ ALT. GSR ___ SEC ___ TREAS.

GROUP CONTACT: _____

MAILING ADDRESS: _____

PHONE NUMBER: () _____ BEST TIME TO CALL: _____

ADDITIONAL COMMENTS:

