

Mary Rutan Health
Auxiliary Guild I
MEMBERSHIP APPLICATION



PERSONAL INFORMATION

Name: _____
(First, Middle, Last)

Address: _____

Home Phone: _____
Cell Phone: _____

Email address: _____

REFERENCES

Referred by: _____

Please list 1 current Guild Member as a reference OR 3 character references if Guild Member is unknown

1. _____ Phone No. _____
2. _____ Phone No. _____
3. _____ Phone No. _____

INTEREST

Explain why you are interested in volunteering at Mary Rutan Health?

Give a brief description of yourself, such as work/volunteer experiences, skills, hobbies, etc.

- I am interested in volunteering:
- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Hospitality and Transporter | | <input type="checkbox"/> Imaging Center |
| <input type="checkbox"/> Staff Support/Clerical | <input type="checkbox"/> Health Center | | |

Signature: _____

Date: _____

*Return Application to:
Mary Rutan Hospital
Attn: Julie Klopfenstein, Volunteer Coordinator
205 Palmer Avenue, Bellefontaine, Ohio 43311*