



Mary Rutan Hospital
Auxiliary Guild I
MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name: _____
(First, Middle, Last)

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

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 Hospital?

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

I am interested in volunteering: Morning Afternoon Evening Weekends

Signature: _____

Date: _____

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