

William Temple House
2023 NW Hoyt Street
Portland, OR 97209-1928
503-226-3021
503-223-7836 fax



WTH Thrift Store
2230 NW Glisan Street
Portland, OR 97210
503-222-3328

For Office Use:
WTH Inquiry Date _____
Fingerprinting _____
Date collected _____
Results _____
Start Date _____
Department _____
Supervisor _____
Separation Date _____

Volunteer Application

*All volunteer positions in Mental Health
Counseling and Social Services which involve
client contact require fingerprinting.*

Please print pressing firmly.

DATE _____ 20____

Name: _____

Last Name

First Name

Middle Initial

Home Phone number	
Work Phone number	
Message Phone number	
Cell Phone number	
E-mail Address	

Home Street Address: _____
Number Street Apt #

City _____ State _____ Zip _____ County _____

Date of Birth _____ Sex ___ Male ___ Female
Month Day Year

Emergency contact information

Person To Contact	Relationship To You	Home Phone	Work Phone	Other Phone
Physician/Health Plan to contact		Contact Phone number		
Other emergency or medical information you want us to have on file:				

How did you hear about William Temple House? Online _____ if so, name of website _____
WTH Employee _____ Friend _____ WTH Volunteer _____ School _____ If so, name of school _____
Parish _____ If so, name of parish _____

What motivated you to volunteer? (Check one) Career Planning _____ License Requirements _____
Community Service Hours _____ Re-entry to Job Market _____ Socializing _____ Other _____

If here for community service, what was your offense? _____

Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain _____

William Temple House will not provide volunteer opportunities for anyone convicted of a felony, sex offense, any alcohol, drug or controlled substance conviction or three or more convictions of any type.

Are you receiving or have you previously received services from William Temple House? _____

Counseling last date _____ Social Services last date _____

List your top three skills			
List your top three interests			

Volunteer Hours:

Please mark your preference →

Administration: Tue thru Thur 9AM—5PM
Social Services: Mon thru Thurs 10AM—3PM
Counseling: Mon thru Thurs 9AM—5PM
Thrift Store: Tue thru Sat 11AM—7PM, Sun 11AM—6PM

Day	Hours

We ask that volunteers to commit at least 4 hours per week for the first 6 months.

Professional Reference

One former or current employer or volunteer position

Company/Agency _____ Phone # _____

Address _____

Street

City

State

Zip

Supervisor's Name _____ Position _____

Job Title _____ From _____ To _____

Personal References

Two references who are not related to you and are not previous or current employers.

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

The information on this application is complete and correct to the best of my knowledge.

Print Name _____

Signature _____ Date _____ 20 _____