

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



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

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

## 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: Tue thru Thurs 9AM—3:30PM  
Counseling: Mon thru Thurs 9AM—5PM  
Thrift Store: Mon thru Sat 11AM—7PM, Sun 11AM—6PM

Day	Hours

We ask that volunteers commit at least 2 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 \_\_\_\_\_