

Interpreter Application

YOUR AGENCY NAME HERE

Date _____

Name _____

Address _____ Phone _____

Fax _____ e-mail _____

Country of origin: _____ Length of time in the US: _____

Local agency/community affiliations? _____

Do you have permission to engage in paid work in the United States? Yes No

Professional Degree(s)/Training(s) _____

Formal (Education) Degree(s): _____ Date(s) received: _____

Institution received from or currently attending: _____

Primary language(s) _____

Additional languages:

_____ speak write read

_____ speak write read

_____ speak write read

Have you had experience with professional written translation? Yes No

If yes, where: _____

May we contact this entity for a recommendation? Yes No

Contact information _____

Name

Phone

Are you interested in translating written materials for this agency? Yes No

Interpreter Application

How did you learn about our agency/program?

Please tell us why are you interested in participating as an interpreter with us?

Please tell us if you have previous interest and experience in human rights and social justice work:

Additional experience, certifications or credentials you think will help you to serve survivors and their families as an interpreter:

Please list two professional references who are familiar with your skills and experience

Name _____ Phone _____ Relationship to you: _____

Name _____ Phone _____ Relationship to you: _____

Return this application, with the signed letter of agreement and confidentiality form to:
YOUR AGENCY NAME
CONTACT PERSON
ADDRESS
PHONE & FAX
EMAIL