

Volunteer Interpreter Application

Name:		Date of Birth:
Address in Vermont:		
Phone: (h)	(w)	(c)
Email:		
Occupation:		
Are you currently in scho	ool? □ No □ Yes, grad	uating in
In case of emergency, no	tify:	Relationship:
		Email:
What is your native langu	ıage?	
Into what language are y	ou able to interpret/tra	nslate?
How did you learn about	the Open Door Clinic?	
Please describe your exp	perience learning and ι	sing your non-native language(s):
Please describe your exp	perience interacting wit	h individuals and groups from cultural backgrounds
other than your own:	·	
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Please list the name, email and phone number of three personal/professional references (please, do no
list relatives):
1)
2)
3)
Please list the name, email and phone number of two individuals who will submit Spanish language
evaluations on your behalf (or English, in case you are a native speaker of Spanish). We prefer that
external language evaluations come from Spanish language professionals with current knowledge of
your language ability. This is often a Spanish language instructor, teacher or professor. If you don't have
someone to assess you, we can arrange this through our network of evaluators.
1)
2]
Have you ever been convicted of a crime? No Yes - Please explain (attach additional sheets if necessary)
When are you available to volunteer?
Your signature below indicates your permission to allow ODC staff to contact the references listed above
and that the information provided in this application is correct.
Signature: Date:
If you are not printing this form, in lieu of a signature, please type your name)
Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation, or gender.



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