

Volunteer Interpreter Application

Name: _____ Date of Birth: _____

Pronouns: _____

Address in Vermont: _____

Phone: (h) _____ (w) _____ (c) _____

Email: _____

Occupation: _____

Are you currently in school? No | Yes, graduating in _____

In case of emergency, notify: _____ Relationship: _____

Phone: (h) _____ (c) _____ Email: _____

What is your native language? _____

Into what language are you able to interpret/translate? _____

How did you learn about the Open Door Clinic? _____

Please describe your experience learning and using your non-native language(s):

Please describe your experience interacting with individuals and groups from cultural backgrounds other than your own: _____

Please list the name, email and phone number of three personal/professional references

(please, do not 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.

