

INTERPRETER Services Program Application

Personal Information

Last Name	First Name	Middle
Gender (some patients request specific gender) <input type="checkbox"/> Male <input type="checkbox"/> Female		
U.S. Social Security Number		UMID (if applicable)
Address		
City	State	Zip
Home Phone	Cell Phone	Work Phone
Email Address	Fax Number	Best way to reach you

Please list your hours of availability
Are you willing to be called in the middle of the night for an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No What distance are you willing to travel?
Are you a UM employee (including temporary)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what department?
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Interpreting/Translating

Are you interested in <input type="checkbox"/> Interpreting? <input type="checkbox"/> Translating? <input type="checkbox"/> Other? If other, please list:	
What languages are you fluent in?	
Have you had interpreter training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Have you had any translator training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Do you have any medical background or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Years of interpreting experience	Years of translating experience
Please list any certification that you have:	
What is your education level? <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College or Vocational <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate/Professional Degree	
How did you hear about us?	

Please attach a resume and/or relevant experiences

For office use only

Date received application	Date interviewed	Interview Outcome: Accepted/Rejected	Orientation Date
<input type="checkbox"/> Added to database	<input type="checkbox"/> Added to email list	<input type="checkbox"/> Added to internal directory	
Comments			