

Interpreter and/or Translator Application For electronic completion (2 pages)

Catholic Charities	For electr	onic completion (2 pages)				
Name'*N.'H+						
Address						
Daytime Phone			Email address			
Are	e you elegible fo	r employment in the United States?		Yes	No	
Have yo	u ever been con	victed of a felony or misdemeanor?		Yes	No	
If yes, pleas	se explain (Note: d	a conviction may or may not disqualify y	ou for this positio	n)		
	Inter	rpretation Skills (Interpretation	is the oral trans	sferral of infor	rmation)	
List all of the langu	ages in which you	can <u>interpret</u> fluently (we will require not nece		tes for all claimed	d languages) Experience is preferred bu	
Langu	age	Certificates (llficp{)		Level	Years of experience	
What is your overa	ll experience wi	th interpretation? What skills do you	possess that wo	uld make you a	good interpreter?	
Tran	slation Skills	(Translation is the transferral of	written informa	ation from one	clanguage to another)	
Lis	t all of the langua	ges into which you can <u>translate</u> (we w	ill require testing	or certificates for	· all claimed languages)	
Langu	age	Certificates (lh'cp{)		Level	[gct u'qh'gzr gt lgpeg	
What computer ski	lls do you posse	ss? Include any skills relevant to trai	nslation (formatti	ng software, ge	neral computer skills)	

			Educ	cation				
Did you graduate		No						
Did you graduate	e from college or	complete an advan	ce course of study	y?	Yes		No	
Name of institution Ma			Major/minor Degree, License			e or Certification Year rece		
			Avail	ability				
Please indicate y	our availability by	y marking on the ap	opropiate box	I			T	
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
6am to 8am								
8am to 12pm								
12pm to 5pm								
5pm to 10pm								
Are there any ot	her limitations in	your availability?	(Summer only, etc	c.)				
			Refe	rences				
Please provide th	ne name and conta	act information of t	wo references.					
Name			Phor	Phone number		Email address		
	olete and truthful.	clow and submitting Misleading or fals						
Applicant name:						Date:		

Please email completed form to interpreter.services@cccofva.org or fax to (804) 597 2328