

Do you have a current business license to

provide interpreter services?

☐ Yes

☐ No

GUAM COALITION AGAINST SEXUAL ASSAULT & FAMILY VIOLENCE

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INTERPRETER APPLICAITION

Date of Application: APPLICANT INFORMATION Last Name: First Name: Middle Initial: Date of Birth: Social Security No.: Ethnicity: Gender: Email Address: Cell Phone: Home Phone: Mailing Address: Current Employer: Work Phone: Please indicate the times you are available to provide interpretation services: INTERPRETER EXPERIENCE Please indicate the number of years you have been providing services as an \square 0-1 yrs. ☐ 2-5 yrs. ☐ 5-10 yrs. ☐ 10-15 yrs. \square 15+ yrs. interpreter: Please list the language(s) and dialect(s) that you are fluent in, to include English: Do you currently provide interpreter ☐ Yes services at your place of employment? ☐ No ☐ Guma' Mami ☐ Judiciary of Guam Do you provide interpreter services and ☐ Mañelu ☐ None of the Above are you compensated for your services by any of the following: ☐ Other (please list) _ ☐ Social Service Agency ☐ Hospital/Medical Clinic ☐ Law Enforcement Agency ☐ Conference Please check all professional setting ☐ Non-Profit or Community Organization ☐ Business/Commercial where you have provided interpreter ☐ Elementary/Middle/High School ☐ Court/Legal Setting services: ☐ College/University ☐ None of the Above ☐ Other (please list) Please list any certificates from formal interpreter trainings you have received:

Language/Dialect: English											
On a scale from 1 (extremely low) to 5 (extremely high), please indicate your proficiency with the following:											
	1	2	3	4	5						
Oral Interpretation											
Written				П							
Interpretation											
Overall		П	П		П						
Interpretation Skills	_										
Language/Dialect:											
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Oral Interpretation											
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Interpretation Skills											
Language/Dialect:											
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Oral Interpretation	П	П	П	П	П						
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Language/Dialect: On a scale from 1 (extremely low) to 5 (extremely high), please indicate your proficiency with the following:											
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Oral Interpretation											
Written Interpretation											
Overall Interpretation Skills											

Language/D	ialect: _									
On a scale from 1 (extremely low) to 5 (extremely high), please indicate your proficiency with the following:										
		1	2	3	4	5				
Oral Interpret	tation									
Written Interpretation	n .									
Overall Interpretation	n Skills									
Language/D										
On a scale from 1 (extremely low) to 5 (extremely high), please indicate your proficiency with the following:										
		1	2	3	4	5				
Oral Interpret	tation									
Written Interpretation	n									
Overall Interpretation	n Skills									
Please list two references other than relatives or previous employers.										
Name:				Name:						
Phone No:				Phone No:						
Company:				Company:						
Position:				Position:						
Address:				Address:						
PLEASE READ CAREFULLY I authorize verification of all statements contained in this application. I hereby give the Guam Coalition Against Sexual Assault & Family Violence (GCASAFV) permission to contact references and hereby release the GCASAFV from any liability as a result of such contract.										
I understand that if selected to be a GCASAFV Interpreter, I will be required to obtain and provide to GCASAFV a police and court clearance. I acknowledge that this will be a contractual agreement between GCASAFV and myself.										
Signature of Applicant:			Date:							

Thank you for completing this application form and for your interest in our organization.