

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Interpretation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Interpretation Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 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.