



On-Call Interpreter and Translator Registration Form

Name: Mr./Mrs./Miss _____
Given name (first name) Middle Family name (last name)

Street Address: _____

City: _____ State _____ Zip code _____

Telephone: () _____ () _____
Daytime Evening

() _____ () _____
Cell phone or pager Fax

E-Mail Address: _____

Social security number: _____

**Date of Birth: _____

Languages Spoken other than English:

Native language: _____ Oral interpretation
_____ Fluent speaker _____ reading _____ writing _____ written translation

Other language(s): _____ Oral interpretation
_____ Fluent speaker _____ reading _____ writing _____ written translation

Other language(s): _____ Oral interpretation
_____ Fluent speaker _____ reading _____ writing _____ written translation

In the space below, please describe the type of interpreting or translation that you have done in the past. (For example, medical interpretation, parent-teacher conferences, etc.)

I will be an on-call interpreter after 5 pm & weekend:

Yes

No

In the space below, please describe any training that you have had related to interpretation and translation. (For example, MN Court Interpreter Training, University of MN training, CFL workshops, on-the-job training, etc.)

Time Availability: Please check the days of the week and the times of day you are available.

Days available: _____Monday _____Tuesday _____Wednesday _____Thursday
_____Friday _____Saturday/Sunday

Time available: _____morning _____afternoon _____evening _____anytime

Travel Availability

I have my own transportation: Yes No

I can travel in the following area(s):

- Metro area (Minneapolis, St. Paul, Suburbs)
- Southeast Minnesota (Rochester, Red Wing, Albert Lea areas)
- South Central Minnesota (Mankato Area)
- Southwest Minnesota (Marshall, Pipestone, Worthington areas)
- Central Minnesota (St. Cloud, Brainerd areas)
- West Central Minnesota (Moorhead, Pelican Rapids, Detroit Lakes areas)

**As a condition of securing language service contracts, IMAA must maintain criminal background reviews on its on-call interpreters. I agree and give permission to IMAA to review my personal history as recorded at the State Bureau of Criminal Apprehension and any other sources available.

Signature: _____ Date: _____

Please mail this application and your resume to:

Bao Xiong
Intercultural Mutual Assistance
Association 2500 Valleyhigh Drive NW
Rochester, MN 55901
Fax: (507) 289-6199
Phone: (507) 289-5960, Ext. 107
E-Mail: bao.xiong@imaa.net