

On-Call Interpreter and Translator Registration Form

Name: _____
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
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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:

Intercultural Mutual Assistance Association
Attn: Language Services
2500 Valleyhigh Drive NW
Rochester, MN 55901

Fax: (507) 289-6199
Phone: (507) 289-5960
E-Mail: languageservices@imaa.net