



# Volunteer Interpreter Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ (must be 18+ to volunteer)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Employment:

Fulltime     Part-Time     Retired     Student     Unemployed

## Volunteering:

When would you be able to start volunteering? \_\_\_\_\_

When days/times are you available to volunteer?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm
<input type="checkbox"/> 1pm-4pm	<input type="checkbox"/> 1pm-4pm	<input type="checkbox"/> 1pm-4pm	<input type="checkbox"/> 1pm-4pm	<input type="checkbox"/> 1pm-4pm	

How did you learn about the Clinic? \_\_\_\_\_

Have you ever visited the Clinic? \_\_\_\_\_

Do you have any friends/family working or volunteering at the Clinic?     Yes     No

If yes, who? \_\_\_\_\_

Are you able to commit to three hours per month?     Yes     No

Have you ever been convicted of a felony?     Yes     No

Are you proficient in Spanish medical terminology?     Yes     No

How would you describe your proficiency? E.g. Have you completed a college course?

\_\_\_\_\_

Please provide one reference, other than family/friends, that you have known for at least 1 year.

Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_