



# Volunteer Interpreter Application

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Work 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-4:30pm | <input type="checkbox"/> 1pm-4:30pm | <input type="checkbox"/> 1pm-4:30pm | <input type="checkbox"/> 1pm-4:30pm | <input type="checkbox"/> 1pm-4:30pm |                                   |
|                                     | <input type="checkbox"/> 5pm-7:30pm | <input type="checkbox"/> 5pm-7:30pm |                                     |                                     |                                   |

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: \_\_\_\_\_