



In what settings have you previously interpreted?: \_\_\_\_\_ Court \_\_\_\_\_ Clinic  
\_\_\_\_\_ Law Enforcement \_\_\_\_\_ Hospital \_\_\_\_\_ Social Services \_\_\_\_\_ Education

How did you hear about the **Interpreter Training** ?

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Is there an organization that will be paying for your training? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, please fill out the following lines:

Sponsoring Organization \_\_\_\_\_

Contact Name at Sponsoring Organization \_\_\_\_\_

His/Her Job Title \_\_\_\_\_

Address of organization: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_