

## Application Form: Certified Interpreter

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_  
(Please be sure to include apartment or unit number)

City/Town & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you provided services to CCLC in the past? Yes \_\_\_ No \_\_\_

Days and Hours Available: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Languages spoken and understood fluently: \_\_\_\_\_

Languages you can interpret to and from: \_\_\_\_\_

What educational, professional and/or trade experience do you have which might assist with the above?  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked as an interpreter in the past? Yes \_\_\_ No \_\_\_ If so, where?  
\_\_\_\_\_

In which field? Medical \_\_\_ Legal \_\_\_ Community \_\_\_ Other \_\_\_

Are you a Certified Interpreter in Canada? Yes \_\_\_ No \_\_\_

*\*Interpreters are responsible for the paying cost of the Proficiency Exam and the training.*

Are you willing to take the training to become a Certified Interpreter? Yes \_\_\_ No \_\_\_

References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_