

# THE TRANSLATION & INTERPRETING CENTER

PO Box 18975

Denver, CO 80218

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## Interpreter Background Information Form

Are you a U.S. Citizen or LPR? Y N (Attach copy of Social Security or Permanent Resident card)

Date of Birth: \_\_\_\_\_

Languages: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Native speaker? Y / N (Please attach copy of resume or proof of education)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Gender: (circle one): M F

Educational background. Give name of institution, location, degree and year degree received (if applicable).

Are you a member of any professional translation/interpreting organizations (CAPI, ATA)?  
(Please enclose a copy of the certificate or other documentation)

Areas of Specialization or Training (medical, judicial, human services, etc.)  
(Please enclose a copy of the certificate or other documentation)

Are you certified by any court or administrative tribunal? (circle one): Y N  
(Please enclose a copy of the certificate or other documentation)

Have you completed a health screening for medical interpreting appointments? (circle one) Y N  
(Please attach copy with the name of doctor)

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