

MassRID's "Road to Deaf Interpreting"

APPLICATION

Thank you for your interest in the MassRID's "Road to Deaf Interpreting". This is your application form. Please fill it out completely. To let us know what you are thinking, please check of the two options below:

____ I am applying to for the "Introduction to Deaf Interpreting" workshop ONLY. If I want to take the whole series of workshops, I will inform the workshop instructors at the first workshop.

____ I am applying for the ENTIRE workshop series. If I am accepted, I am ready to make a commitment to the entire 7 workshop series. (Please include videotape or video attachment by email according the application - please answer all the questions from your name to the last question in ASL)

GOOD LUCK and please be sure to return this by make no later than March 1, 2008!

All information is to be kept confidential. Please type or print.

Name			
Mailing Address			
Permanent Address			
Phone – Home	Voice____ TTY____ VP____		
Phone – Work	Voice____ TTY____ VP____		
Email Address			
Birthdate			
Interpreting Certificate (if any)			
<u>Educational History</u>			
1.	School	City, State	Dates of attendance
2.			
3.			

Work History

	Employer	City, State	Job Title	Dates of employment
1.				
2.				
3.				
Memberships in organizations or Clubs				
What is your primary language?				
How did you learn ASL (that is, through deaf family members, residential school, in college)?				
Have you taken informal classes or workshops with focus on ASL generally? (e.g. linguistics, literature, grammar and usage, culture, deaf history)? Please list dates and titles of courses taken.				
	Attendance Dates	Course Title		
1.	_____			
2.	_____			
3.	_____			
Have you taken informal courses or workshop which focus on English generally? (e.g. linguistics, literature, grammar and usage, culture, deaf history)? Please list dates and titles of courses taken.				
	Attendance Dates	Course Title		
1.	_____			
2.	_____			
3.	_____			
Specifically, have you ever participated in a previous interpreter training program? (e.g. Interpreter workshops, college courses weekend intensives)? Please list dates and titles of courses taken.				
	Attendance Dates	Course Title		
1.	_____			
2.	_____			
3.	_____			

Do you currently work as a Deaf interpreter? Yes _____ No _____ If so, how often to you interpret?
Do you currently work as a Deafblind interpreter? Yes _____ No _____ If so, how often to you interpret?
Describe generally, the setting or situations in which you have been interpreting (e.g., court, medical, group home, counseling) Also describe the language(s) used by the consumers in those settings.
What do you hope to learn from this program?

Please send this application with your \$10.00 application fee to:

Jim Lipsky
 C/O MassRID's "Road to Deaf Interpreting"
 95 Prince Street
 Jamaica Plain, MA 02130

A \$25.00 fee will be assessed for any bounced checks. All payments are non-refundable.

References:

Please ask two people who are qualified to assess your potential as an interpreter to fill out the enclosed recommendation forms and sent them to the address above. The people filling out the recommendations should be professionals in interpreting, ASL, or a related field. At least one reference must come from a Deaf person. (Video attachment can be acceptable instead of writing).

Hotel Accommodations:

If you need hotel accommodations – Please indicate here
 _____ Yes, I need a hotel room _____ No, I do not need hotel room

Practicum Interpreter(s):

If you are planning to take the entire workshop series, which will include an interpreting practicum, please indicate with the interpreter(s) (RID certified) with whom you would like to work.

1. Name (RID RSC/CDI): _____ Email Address: _____
2. Name (RID certified): _____ Email Address: _____

*Thank you for your interest in the "Road to Deaf Interpreting".
 Please member the deadline is March 1, 2008 !*