

## **WIN Interpreter Application**

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

Preferred Name (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Native Language(s): \_\_\_\_\_

Interpreting Language(s): \_\_\_\_\_

What is your Heritage or cultural background?: \_\_\_\_\_

### **Interpretation Experience**

Simultaneous Interpretation ☐ Consecutive Interpretation ☐ Escort Interpretation ☐

What experience do you have interpreting or working in a medical setting?

Years of Experience: \_\_\_\_\_

Education: MAHEC Level I ☐ MAHEC Level II ☐ MAHEC Level III ☐ Other ☐ \_\_\_\_\_

Certification(s): State Court ☐ Federal Court ☐ CCHI ☐ National Board ☐

Other ☐ \_\_\_\_\_

Collegiate Degrees:

Please list all the practices, schools, hospitals, businesses and/or other entities with whom you have contracted as an Interpreter as of today's date.

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Comments:

Are you certified as an interpreter in another state?    Yes ☐ No ☐    If so, in what state? \_\_\_\_\_

## Translation Experience

Yes ☐                      No ☐

Elaborate (if yes):

## Vocabulary Expertise

Business ☐      Education ☐      Hospitality ☐      Financial ☐      Behavioral Health ☐

Legal ☐      Health care ☐      Social Services ☐      Other ☐ \_\_\_\_\_

## Emergency Contact Information

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

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

Relationship to you: \_\_\_\_\_

**By signing below, I understand that all testing materials to which I am exposed are the property of the Western Carolina Medical Society Foundation (WCMSF). I agree to maintain the content and format of this test in the strictest confidence and not reveal or discuss any aspect of this test with anyone other than WCMS personnel.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### To complete this application:

1. Fill out and sign this application digitally.
2. Click on File – Save OR File – Save As to save the filled PDF and signature.
3. Attach the completed file, your resume/CV, and three professional references in an email to [WIN@mywcms.org](mailto:WIN@mywcms.org)