



APPLICATION FORM

Connecting Worlds Training for Healthcare Interpreters

Asian Health Services
818 Webster St.
Oakland, CA 94607
Attn: LCAP Training

Return completed
application by e-mail, FAX,
or mail.

Phone: (510) 986-1153
FAX: (510) 986-1068
E-mail: LCAP@ahschc.org
www.asianhealthservices.org/lcap

For office use only:

Date: _____ **Sex:** Female Male

First Name: _____ **Last Name:** _____

Address: _____

Phone (day): _____ **Phone (eve):** _____

E-mail: _____

Race/Ethnicity: *Please check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other: |

Educational Background

Please list all educational institutions (elementary, junior high school, high school, university, college, post-graduate) you attended. Provide the location, the grade levels you attended there, and the degree you may have earned at that institution.

Name of Educational Institution	Location of Institution City, State, Country	Grade Levels Attended	Degree Earned (if applicable)

If you were born outside of the US, how long have you lived in the US?

Number of years _____ Not applicable, I was born in the US.

How long have you been interpreting?

- Less than a year
- 1-3 years
- 4-5 years

- More than 5 years
- Not applicable, I do not have interpreting experience.

Would you like to join Asian Health Services' interpreting service as an on-call interpreter?

- Yes
- No

If yes, please check all times that you can be on-call.

- Anytime
- Business hours (M-F, 9:00 am - 5:00 pm)
- Evenings (M-F, 5:00 pm -10:00pm)
- Weekends

Other times: _____

Employment Background

Employer: _____ Position: _____

Location: City: _____ State: _____ Country: _____

From: _____ To: _____

Responsibilities: _____

Employer: _____ Position: _____

Location: City: _____ State: _____ Country: _____

From: _____ To: _____

Responsibilities _____

Employer: _____ Position: _____

Location: City: _____ State: _____ Country: _____

From: _____ To: _____

Responsibilities: _____

How did you learn about the Connecting Worlds: Training for Health Care Interpreters?

- Employer Name: _____
- Acquaintance Name: _____

Other source: _____

What do you believe are important qualities and skills for a healthcare interpreter?

Why do you want to attend this training?

We consider applicants for training without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.