

For office use only	
ID	#

Mid Hudson Interpreter Service
Interpreter Application

Thank you for considering an Interpreter position with the Mid Hudson Interpreter Service (MHIS).
Please complete the application and return to: Diane Barkstrom, Program Director, MHIS, 82 Washington Street # 214,
Poughkeepsie, NY 12601

Application Date: _____

BACKGROUND

Name: Last: _____ First: _____ Initial: _____

Address: _____

City/State/Zip Code: _____

Phone/Cell/Pager (____) _____ (____) _____ (____) _____

Email: _____

Fax: (____) _____ Other: _____

EDUCATION

Please complete the section below or attach a resume.

High School: _____ Year of graduation: _____

College/University: _____ Year of graduation: _____

Street Address: _____

City/State/Zip: _____

Major/Degree(s): _____

Total program length: _____

Please indicate your completed educational levels including dates.

	Years attended		Years attended
Some High School	_____	Some College	_____
High School	_____	Associates	_____
B.A./B.S.	_____	M.A./M.S.	_____
Ed.D	_____	Ph.D.	_____
Tech/Voc:	_____	Other:	_____

Other Education/Trainings: (Please list or attach resume, if additional space is needed, use back of this form.)

How many total internship/practicum hours were required from your training program? How many hours were completed?
Please list all sites and dates.

Please list the total of internship observation hours and/or hired working hours. Please list all sites and dates.

Do you have any teaching experience? If so, please list.

MEMBERSHIPS/PROFESSIONAL AFFILIATIONS

<u>Organization(s)</u>	<u># of years as member</u>	<u>Member ID #</u>	<u>Certification/Award</u>	<u>Date awarded</u>
Registry of Interpreters for the Deaf:				
National Association for the Deaf:				
Affiliate Chapters:				
Licenses/Certifications:				
State Screenings:				
Other:				

LETTERS OF RECOMMENDATION

Please list all names, addresses, emails, and phone numbers for individuals forwarding letters of recommendation.

#1

Name
Address
Phone
Fax
Email

#2

Name
Address
Phone
Fax
Email

#3

Name
Address
Phone
Fax
Email

#4 (optional)

Name
Address
Phone
Fax
Email

QUESTIONNAIRE/ESSAY

Please provide an autobiographical statement. There is no "correct" format for this question. Answer this question as if someone had asked you, "tell me something about yourself." It is an opportunity for you to provide us with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it.

Why did you choose this agency?

How do you envision our agency meeting your goals and interests? (Note: this question requires you to address site-specific issues and training opportunities. If you are addressing these issues in a cover letter, please feel free to refer the reader to the cover letter and do not repeat here).

How much time have you spent in supervision? Supervision can be split into three categories, please list all that apply
Individual:
Group:
Peer supervision:

What were your experiences of supervision/evaluations?

How many hours per week do you wish to work?

What are your available days and hours? Circle or highlight all that apply

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What is your hourly rate range? Please explain.

What is your main interest for settings? Circle or highlight all that apply. List any others.
Educational, Medical, Mental Health, Business, Performing Arts, Religious, Legal, Community, Deaf/Blind
Others:

Please list your strengths and weaknesses of your interpreting work or those of your training.

Please describe your experience and training in work with diverse populations and languages utilized. (Examples being: clients that may be Deaf, Hard of Hearing, multi-disabled, multicultural, using Assistive Devices/technology, interpreting/transliterating) Please describe how the diversity influences your work.

Can you provide us with a recorded sample of your work? (VHS or DVD) If so, please return with application. Sample should include interpreting and transliterating skills, Sign to Voice, Voice to Sign) Please feel free to show other work such as Deaf/Blind, One to One, Tri-lingual, Team Interpreting, etc.

PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”. If you answer “YES” please elaborate in the space provided.

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification organization?
2. Are there any complaints currently pending against you before any of the above bodies?
3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?
4. Have you ever been suspended, terminated, or asked to resign by an Interpreter Training Program, internship site, or employer?
5. Have you ever left an internship program prior to completion?
6. Have you ever, in your lifetime, been convicted of an offense against the law other than a minor traffic violation?
7. Do you hold a valid New York State Drivers License?
8. Have you ever, in your lifetime, been convicted of a felony?
9. Have you, in the past year, been fingerprinted and cleared to work by New York State Education Department or other entity?

APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from the application may be cause for denial of selection as an interpreter or dismissal from an interpreter position. I authorize Mid Hudson Interpreter Service and its staff to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all individuals and organizations for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the Mid Hudson Interpreter Service in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the Mid Hudson Interpreter Service and my educational programs to release evaluative information about me to each other, now or in the future.

If I am accepted and become an employee/subcontractor, I expressly agree to comply fully with the Registry of Interpreters for the Deaf, Inc. (RID) and National Association of the Deaf (NAD) policies, the Professional Code of Conduct. I also agree to comply with all applicable state, provincial, and federal laws.

I understand and agree that, as an applicant, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Applicant's Signature : _____

Date: _____

Print: _____