



## Private Practice Interpreter Application

Thank you for considering a Private Practice Interpreter position with the Mid Hudson Interpreter Service (MHIS).

Please complete the application and return to:

Jeanine Byrnes – MHIS Program Director, 82 Washington Street # 214, Poughkeepsie, NY 12601  
or via [j.byrnes@taconicresources.org](mailto:j.byrnes@taconicresources.org)

Application Date: \_\_\_\_\_

### **BACKGROUND**

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

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

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

Best Number to reach you: (\_\_\_\_) \_\_\_\_\_

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

Other means of notification: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

### **EDUCATION**

Please complete the section below:

#### **Interpreting Training Program:**

\_\_\_\_\_ Attended Interpreting Training Program (ITP)

\_\_\_\_\_ Did not attend any Interpreting Training Programs (ITP)

Name and Address of Interpreting Training Program site:

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

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

City, State & Zip: \_\_\_\_\_

ITP School Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many total internship/practicum hours were required from your training program? \_\_\_\_\_

How many hours were completed? \_\_\_\_\_

**Please provide copies of Diploma or Certificate from the Interpreter Training Program  
Internship/Practicum require supervision by Certified Interpreter(s)? YES NO**

***Please add interpreter(s) information on page 5 under references.***

**Please list internship observation sites with start and end dates.**

*The observation site would be an interpreting agency, school, or Interpreter with LLC status.*

**#1**

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

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**#2**

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

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**College:**

Please complete if you did not attend an Interpreting Training Program (ITP) but did further your education beyond High School.

**Please provide copies of sign language interpreting certifications and/or workshops if applicable**

**#1**

Educational Entity Name: \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree Received \_\_\_\_\_

**#2**

Educational Entity Name: \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Degree Received \_\_\_\_\_

**Certifications:**

Please check all that apply:

\_\_\_\_\_ Non-Certified

\_\_\_\_\_ Qualified Deaf Interpreter

\_\_\_\_\_ BEI

\_\_\_\_\_ RID/NIC Pre-Certified

\_\_\_\_\_ RID/NIC CDI

\_\_\_\_\_ EIPA

\_\_\_\_\_ RID/NIC Certified

Please list here if you hold certification not listed above:  
Put certification name, name of school or training program, address & phone number:

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

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Certification Received \_\_\_\_\_

**Please provide a copy of certification and/or membership card**

If you are Non-Certified, what plans are in place to achieve your Pre-Certification?

If you are Pre-Certified, what plans are in place to achieve your Certification?

If you are a Qualified Deaf Interpreter, where did you receive your training?

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

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

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Certification Received \_\_\_\_\_

**Interpreting Employment:**

Are you currently working with another Sign Language Interpreting Agency? YES NO

**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.**

(Example: 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.

**MEMBERSHIPS/PROFESSIONAL AFFILIATIONS**

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

**Are you a Native Signer?**

Please check all that applies if you are a native signer:

- ☐ Deaf Individual
- ☐ CODA | Child of Deaf Adult(s) (18+ years old)
- ☐ OHCODA | Only Hearing Child of Deaf Adults (deaf parents and deaf siblings)
- ☐ OCODA | Only Child of Deaf Adult(s) (no siblings)
- ☐ SODA | Siblings of a Deaf Adult(s)
- ☐ SpODA – Spouse of Deaf Adults
- ☐ GODA – Grandchild(ren) of Deaf Adult(s)
- ☐ Immersed in Deaf community

**Aside from formal education and trainings, have you had an opportunity to observe or participate in the local Deaf community:** YES      NO

If so, please summarize your experiences here:

## **REFERENCES:**

Please provide 2 reference names, addresses, e-mails and phone numbers of interpreters or interpreting agency that has observed your work.

#1

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

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

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Is this an Interpreter that has observed you during internship/practicum? YES NO

#2

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

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

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Is this an Interpreter that has observed you during internship/practicum? YES NO

**Please provide one more in case above references are not able to provide a reference:**

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

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

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Is this an Interpreter that has observed you during internship/practicum? YES NO

**How many hours per week do you wish to freelance?** \_\_\_\_\_

**Do you have full time employment other than freelancing?** YES NO

**What are your available days and hours?** *You can check, put in hours or indicate AM or PM in each box*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**In what settings are you more comfortable or experienced?**

Circle or highlight all that apply. List any others.

Educational Medical Mental Health Business Performing Arts

Religious Legal Community Deaf/Blind

Others:

**What is the rate you are requesting as a Private Practice Interpreter?** \$\_\_\_\_\_ per hour

**Do you have any teaching or workshop experience?** YES NO

*Please indicate your experience that would be beneficial to American Sign Language Interpreters or the public.*

**Are you fluent in signed language other than American Sign Language?** YES NO

*Examples would be other countries signed languages, Signed Exact English (SEE), Pidgin Signed English (PSE), Tactile etc...*

**Are you fluent in verbal spoken language other than English?** YES NO

**If you answered yes to either above question, please expand here:**

**If requested, can you provide us with a recorded sample of your work?** YES NO

Request may be for other work such as Deaf/Blind, One to One, Tri-lingual, Team Interpreting, etc., provided on DVD, YouTube sample, Electronic Video File, or USB drive

**Do you consent to sharing your contact information with other interpreters on the MHIS roster to be shared with other interpreters only when it pertains to a shared assignment or consumer?** YES NO

**How long do you see yourself staying in the Mid-Hudson Valley Area?** \_\_\_\_\_

## Fingerprinting

Due to the nature of our educational and government contracts, Private Practice Interpreters who will be working in these areas will be required to undergo fingerprinting at their own expense.

**Have you, in the past year, been fingerprinted and cleared to work by New York State Education Department or other entity?** YES NO

*If YES, please provide copy of the receipt with this application*

**If NO, are you willing to undergo fingerprinting at your own expense?** YES NO

*Cost is approximately \$100 as of 2021*

## Background Check

Due to the nature of our customer contracts, MHIS is required to run a criminal background check on all of our Private Practice Interpreters before any work can be performed.

**Do you consent to a criminal background check?** YES NO

*An e-mail will be sent to you requesting more information and you will be asked to sign a release form.*

**Do you hold a valid New York State Driver's License?** YES NO

*Please provide a copy with your application for the background check to make sure we have all information entered in our system correctly.*

## 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 a Private Practice Interpreter. I authorize Taconic Resources for Independence, Inc. / 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 Taconic Resources for Independence, Inc. / 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 Taconic Resources for Independence, Inc. / 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 a Private Practice Interpreter 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 and HIPAA. 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: \_\_\_\_\_

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

Date: \_\_\_\_\_