

APPLICATION FOR FREELANCE (SUBCONTRACTED) INTERPRETING SERVICES

Instructions: Please complete this application in its entirety. Fields in **bold** require a response. Submit application in person or mail to the address above. An interview will be scheduled based on the information you provide and our need for the language(s) you speak at the time you submit the application. Applications are kept on file for 1 year.

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

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell phone:** _____

E-mail address: _____

Do you have legal authorization to work in the U.S.? YES NO **S.S. Number:** _____

Do you have reliable transportation? YES NO **Do you have a driver's license?** YES NO

Referral Source: Ad Yellow Pages Website / E-mail Friend / Relative _____

Have you ever been convicted of a felony? YES NO **Describe** _____

Language(s) that you speak FLUENTLY: _____

Interpreting certification: _____

Professional affiliations: _____

Educational Background (Attach separate page if necessary)

High School (or equivalent): _____

City/State/Country: _____

Degree or Diploma: _____ **Year of Graduation:** _____

College or Technical School: _____ **City/Country:** _____

Degree or Diploma: _____ **Year of Graduation:** _____

College or Technical School: _____ **City/Country:** _____

Degree or Diploma: _____ **Year of Graduation:** _____

Employment History

1) Agency Name: _____ **Phone Number:** _____

City/State/Country: _____ **Job Title:** _____

Supervisor & Title: _____ **Job Duties:** _____

Start Date: _____ **End Date:** _____ **Reason For Leaving:** _____

2) Agency Name: _____ Phone Number: _____
City/State/Country: _____ Job Title: _____

Supervisor & Title: _____ Job Duties: _____

Start Date: _____ End Date: _____ Reason For Leaving: _____

3) Agency Name: _____ Phone Number: _____

City/State/Country: _____ Job Title: _____

Supervisor & Title: _____ Job Duties: _____

Start Date: _____ End Date: _____ Reason For Leaving: _____

May we contact the employers listed? YES NO do not contact: _____

Volunteer Experience:

1) Agency Name: _____ Phone Number: _____

City/State/Country: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason For Leaving: _____

2) Agency Name: _____ Phone Number: _____

City/State/Country: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason For Leaving: _____

Why would you like to be an interpreter in health care settings? _____

Indicate your availability for assignments (you will not be required to accept all assignments):

Scheduled only Scheduled or Urgent Late-Night

	Day Time(7a-1p)	Afternoon(1p-7p)	Evening(7p-12a)	Late-Night(12a-7a)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you planning to move from your current location within the next year? YES NO

Explain: _____

Agreement

I certify that answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for subcontracting my services as may be necessary in making such a decision, including a possible criminal background check. I understand that I am applying to provide subcontracted, freelance services with Voices For Health, Inc. ("the Corporation). I will have the ability to control my own schedule by accepting or refusing assignments.

In the event that my services are subcontracted, I understand that false or misleading information given in my application or interview may result in the decision to stop subcontracting my services. I also understand that, as a subcontractor, I will be required to abide by all rules and policies of the Corporation or the agencies with whom the Corporation contracts.

I acknowledge that any subcontracted relationship with this Corporation is of an "at will" nature, which means that the subcontracting interpreter may choose not to provide services at any time, and that the Corporation may choose not to use the interpreter's subcontracted services at any time, with or without cause. I understand that any changes to the subcontracted status or this agreement will be made in writing and will be valid only if authorized by an executive of the Corporation or his/her assignee.

I understand that I will be required to provide proof of 1) negative Tuberculosis status every 12 months (skin test, negative chest X-ray or physician's report) and 2) immunity to rubella, rubeola and varicela (vaccination record or positive titre). I understand that I may also be required to complete paperwork or take a drug/alcohol test as requested by the Corporation's customers in order to be eligible for assignments.

Signature of Applicant

Date

To submit this application, you can save it in your computer and attach it to an email to **info@voicesforhealth.com** or you can print it and fax it to **616-233-6522** or mail it to **2851 Michigan St. NE Suite 104, Grand Rapids, MI 49506**