

**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**