



**March – April 2008  
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, x206  
FAX: (510) 986-1068  
E-mail: LCAP@ahschc.org  
www.ahschc.org/language.htm

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.*

American Indian or Native American  Hispanic/Latino  
 Asian/Pacific Islander  White/Caucasian  
 Black/African-American  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.

**Languages Spoken**

Including English, what languages do you speak well and how did you learn them? *Please list your strongest languages first.*

Language	How You Learned This Language (e.g., at home, elementary school, high school, weekend language school, college, living abroad, etc.)

**Self-Assessment of Language Skills**

Check which of the following tasks you can do in English and the other language(s) you speak.

	English	Check your language: <input type="checkbox"/> Cantonese <input type="checkbox"/> Spanish	Other Language Please specify:
I can understand news broadcasts in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can appropriately use formal/informal and honorific forms in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can/could conduct my work in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make a 5-minute presentation on a health topic in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make a persuasive argument on a controversial topic in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can discuss abstract concepts and hypothesize in this language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Which Orientations and Language Screenings are you able to attend? Check all that apply.**

- Wed, Feb 27, 2008; 1 pm – 4:30 pm                       Thurs, Feb 28, 2008; 9 am – 1 pm

**If accepted to the training, are you able to attend all sessions?**

- Yes       No      If no, list unavailable days and hours: \_\_\_\_\_

**Please describe any formal interpreter training you may have received.**

- Healthcare     Sign Language  
 Court/Legal     Conference  
 Other: \_\_\_\_\_ Hours of Training: \_\_\_\_\_

**Do you currently interpret in your place of employment?**

- Yes, interpreting is a primary job responsibility       Yes, but interpreting is NOT part of my primary job responsibilities       No

**If you currently interpret, how often do you interpret?**

- Every day                       A few days each week                       A few days each month

**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.