



Volunteer Forensic Interpreter Application

Thank you for your interest in volunteering as an interpreter for the Western New York Center for Survivors of Torture and the affiliated Human Rights Clinic. Your role as an interpreter would be to assist in the communication between client and evaluator during a forensic assessment for refugees and asylum seekers.

Please return the completed form to wnyhrc@gmail.com

Background Information

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone Number: _____ E-mail Address: _____

Date of Birth: ____/____/____

Education Level

College: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO

Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO

Degree: _____

Interpretation Qualifications

Check the corresponding language(s) for which you are proficient and wish to interpret. Please only indicate the languages for which you could live, work and go to school.

☐ French

☐ Arabic

☐ Spanish

☐ Lingala

☐ Kurdish

Other: _____

☐ Vietnamese

☐ Burmese

☐ Swahili

☐ Tigrinya

☐ Somali

☐ Bangladeshi

☐ Farsi

☐ Russian

☐ Bosnian

☐ Portuguese

Native Language: _____

Country of Origin: _____

Do you have any prior experience working as an interpreter? Yes ☐ No ☐

If yes, please share the context in which you interpreted:

Years of Experience: _____

Please indicate any specific training or certifications you have obtained in the fields of linguistics, interpreting or translation:

Are you willing to complete a proficiency exam at the end of training to assess your interpretation skills in the context that is needed? Yes ☐ No ☐

Availability

The forensic examination can last up to 2 to 4 hours and typically occurs during daytime working hours. If needed, are you willing to commit to this time requirement? Please note that we are also able to be flexible around your working schedule as well. Yes ☐ No ☐

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____

Date: _____