



## WITS Directory Listing Form

### Contact Information

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

check here if you do not want your address published in the online directory

E-mail: \_\_\_\_\_

Home Page: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

### Languages

Most fluent language: \_\_\_\_\_

Please list your working languages in order of proficiency. Do not list English because this is assumed for interpreters working in the U.S. Indicate certifications and specializations for each:

<b>Language 1:</b>						
<b>Specializations:</b>	<input type="checkbox"/> Judicial	<input type="checkbox"/> Medical	<input type="checkbox"/> Conference	<input type="checkbox"/> Business	<input type="checkbox"/> Technical	<input type="checkbox"/> Social services
<b>Credentials:</b>	<input type="checkbox"/> WA State Court (certification/registration)	<input type="checkbox"/> Federal Court	<input type="checkbox"/> WA DSHS Social Services	<input type="checkbox"/> WA DSHS Medical	Other: _____	
<b>Language 2:</b>						
<b>Specializations:</b>	<input type="checkbox"/> Judicial	<input type="checkbox"/> Medical	<input type="checkbox"/> Conference	<input type="checkbox"/> Business	<input type="checkbox"/> Technical	<input type="checkbox"/> Social services
<b>Credentials:</b>	<input type="checkbox"/> WA State Court (certification/registration)	<input type="checkbox"/> Federal Court	<input type="checkbox"/> WA DSHS Social Services	<input type="checkbox"/> WA DSHS Medical	Other: _____	
<b>Language 3:</b>						
<b>Specializations:</b>	<input type="checkbox"/> Judicial	<input type="checkbox"/> Medical	<input type="checkbox"/> Conference	<input type="checkbox"/> Business	<input type="checkbox"/> Technical	<input type="checkbox"/> Social services
<b>Credentials:</b>	<input type="checkbox"/> WA State Court (certification/registration)	<input type="checkbox"/> Federal Court	<input type="checkbox"/> WA DSHS Social Services	<input type="checkbox"/> WA DSHS Medical	Other: _____	
<b>Language 4:</b>						
<b>Specializations:</b>	<input type="checkbox"/> Judicial	<input type="checkbox"/> Medical	<input type="checkbox"/> Conference	<input type="checkbox"/> Business	<input type="checkbox"/> Technical	<input type="checkbox"/> Social services
<b>Credentials:</b>	<input type="checkbox"/> WA State Court (certification/registration)	<input type="checkbox"/> Federal Court	<input type="checkbox"/> WA DSHS Social Services	<input type="checkbox"/> WA DSHS Medical	Other: _____	
<b>Language 5:</b>						
<b>Specializations:</b>	<input type="checkbox"/> Judicial	<input type="checkbox"/> Medical	<input type="checkbox"/> Conference	<input type="checkbox"/> Business	<input type="checkbox"/> Technical	<input type="checkbox"/> Social services
<b>Credentials:</b>	<input type="checkbox"/> WA State Court (certification/registration)	<input type="checkbox"/> Federal Court	<input type="checkbox"/> WA DSHS Social Services	<input type="checkbox"/> WA DSHS Medical	Other: _____	

### Background and Services

Education: \_\_\_\_\_

Years of experience working as interpreter or translator \_\_\_\_\_

Other services offered: \_\_\_\_\_

Availability:  Weekday  Weekday evening  Weekend day  Weekend evening  Will travel

Travel/Availability notes: \_\_\_\_\_

PLEASE MAIL TO: WITS, P.O. Box 1012, Seattle, WA 98111-1012