



WITS Directory Listing Form

Contact Information

Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Work phone: _____ Fax: _____

Pager: _____ Cellular phone: _____

E-mail: _____

Home Page: _____

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:

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

Background and Services

Education: _____

Years of experience working as interpreter or translator _____

Tape transcription 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