## **Cultural Diversity Resources**

112 N. University Drive Suite 306 Fargo, ND 58102 701-526-3000



www.culturaldiversityresources.org "Building Communities That Value Diversity"

Cultural Diversity Resources is searching for dedicated and patient multilingual individuals who are willing to lend their linguistic services to aid their fellow community members in bridging language barriers they might face. Each interpreter must be fluent in speaking and understanding English themselves, so they can best serve their non-English speaking clients and the agency requesting them. Medical and Legal services start at a rate of \$30.00/hr., while all other interpreting services are \$22.00/hr.

Applicant's First Name:	Mi	iddle Name	Applica	Applicant's Last Name:		
Phone Number:	_  Email	mail Address:				
Permanent Address (Include Apt #):		City:		State:	Zip/Postal Code:	
Mailing Address (If different from above):		City:		State:	Zip/Postal Code:	
SSN:		Legal current U.S. ID:		ID Number:		
Are you eligible to work in the United States?     Yes   No		Are you 18 or Older?  Ves No		Have you ever been convicted of a felony crime, greater than a traffic violation or a misdemeanor?    Yes  No		
If you answered yes to the last questi circumstance below:		-	en the con	viction took pl	ace and detail the	
List all languages that you are fluent in speaking:						

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Interpreting services vary by day and time, you will not have a set schedule rather you will be contacted whenever your specific language services are needed. For your convenience list your daily availability below: Monday: **Tuesday:** Wednesday: Thursday: Friday: Cultural Diversity Resources interpreters are called to perform legal and medical interpreting as well as educational and event based interpreting. Do you have any concerns or questions about performing any of these interpreter duties? (Print below) If you are selected when would you be available to start? Upon receiving this application, we will make sure to keep all of your information confidential and reach out to you once your application is processed. By signing this application, you confirm that all information previously listed is true to your best knowledge. Applicants Printed Name Date Applicants Signature Date