



LANGUAGE INTERPRETER CENTER
REGISTRATION OF INTEREST
 431 W. 7th Avenue, Suite 208
 Anchorage, Alaska 99501
 Telephone: 907-279-2457 Fax: 907-279-2450

Thank you for signing up with the Language Interpreter Center. Please help us get to know you by completing this form and returning it to us by fax or mail, so we can send you information about upcoming interpreter training opportunities. If more space is needed, please attach additional paper. Contact Barb Jacobs at the Alaska Immigration Justice Project for more information.

SECTION A		
Name (Last, first, middle initial)		
Mailing Address		
City	State	Zip Code
Email		
Home Phone	Business Phone	Cell
Current Employer	Occupation	
SECTION B		
What is your first/primary language?		
What is your second language?		
Are you fluent in any other languages?		
Please indicate your highest level of education.		
High school or GED <input type="checkbox"/> Some college <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate degree <input type="checkbox"/>		
Do you have interpreter certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from where and in which language?		
Have you ever participated in any interpreter training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe when and where:		
Have you ever provided interpreter services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly describe the circumstances:		
Are you interested in becoming a certified interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you referred by an agency or person? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their name and number.		