



LANGUAGE INTERPRETER CENTER

REGISTRATION OF INTEREST

431 W. 7th Avenue, Suite 208

Anchorage, Alaska 99501

www.akijp.org

Telephone: 907-297-2730 Fax: 907-279-2450

Office Only: Date Entered:

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 Institute for Justice for more information. Email: barb.jacobs@akijp.org

SECTION A		
Name: (Last, first, middle initial)		
Mailing Address:		
City	State:	Zip Code:
Email:		
Home Phone:	Business Phone:	Mobile:
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 Some College Undergraduate Degree (Bachelor) Graduate Degree (Master or PhD)		
List degree (s) and field of study:		
Do you have interpreter certification? If yes, from where and in which language?	Yes	No
Have you ever participated in any interpreter training? If yes, please describe when and where:	Yes	No
Have you ever provided interpreter services? If yes, briefly describe the circumstances:	Yes	No
Are you interested in becoming a certified interpreter?	Yes	No
Were you referred by an agency or person? If yes, please provide their name and number.	Yes	No
Please attach a copy of your resume to this registration and return to the Language Interpreter Center.		