



**BSP FREE CLINIC**  
Volunteer Interpreter Application

Date \_\_\_\_\_

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

Address/City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

How did you find out about BSP? : \_\_\_\_\_

**Interpreting Experience**

Native Spanish Speaker

Non-Native Spanish Speaker

Spanish Education and Proficiency Level: \_\_\_\_\_

Have you completed or are currently obtaining a CCHI certificate? (*Preferred, not required*)

Yes, completed \_\_\_\_ Enrolled \_\_\_\_ No \_\_\_\_

Please list your previous interpreting experience ( *most recent and/or applicable*):

In Clinical Setting: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Other Equivalent Experience: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship:

\_\_\_\_\_

\*\*\*Please Submit via email: [tricia.levenhagen@deancare.com](mailto:tricia.levenhagen@deancare.com) \*\*\*

Volunteer Picture: \_\_\_\_\_ CCAP: \_\_\_\_\_ Spreadsheet updated: \_\_\_\_\_