

Healing Voices

Registration Form

Name	
Title/Organization	
Address	
Address Line 2	
Phone	
Email	
Languages Spoken/Signed	

To apply, you must include your resume. Is your resume attached?

Yes No

Are you Applying to be an observer only? (You would not take the final assessment or participate in role plays.)

Yes No

Highest education level achieved: _____

Prior interpreter training, education, certificates or diplomas: _____

Certifications, accreditations and other interpreting credentials: _____

Proof of language proficiency testing: _____

Type of interpreter (check all that apply):

Community Legal General Business Medical Conference

Other (please specify): _____

Note: While this program will also benefit sign language interpreters, it was developed by specialists in spoken interpreting. Sign language interpreters are welcome and their presence is valued.

For more information about the program, contact:

vol2@volinterpreting.org
 4725 Dorsey Hall Drive, Suite A-912
 Ellicott City, MD 21042
 410 707 9088



For more information about THE VOICE OF LOVE,

please visit our website at
www.volinterpreting.org.