**University of Baltimore School of Law Clinic Program**

**Volunteer Interpreter Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes:**

**Month and year of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day student \_\_\_\_\_ Night student \_\_\_\_\_**

**Please note below what languages you speak, and indicate whether you would be comfortable volunteering as an interpreter and/ or translator for that language.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Comfortable translating?****(reading/ writing)** | **Comfortable interpreting?****(listening/ speaking)** | **Notes (if any)** |
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**Are you available to attend the training at UB Law on 9/6/13?**

**If not, are there other days/ times that would work well for you if we schedule an additional training?**

**Please email this form to** **sbalgamwalla@ubalt.edu****. Questions may be directed to Sabrina Balgamwalla, Immigrant Rights Clinic Teaching Fellow, at (410) 837-5732.**

**Thank you for your interest in serving as a volunteer interpreter!**