



Mid Atlantic Deaf Interpreter Fund P.O Box 7120 Baltimore Md. 21216
E-mail MADIF2020@Yahoo.com Website-midatlanticinterpreterfund.org

Interpreter Application Form (PLEASE PRINT CLEARLY)

Date: _____ Full Name: _____

Address: _____

City, State , Zip: _____

Phone : _____ E-Mail _____

Website: _____

Years Interpreting: _____ Full-or Part-Time? _____

Go To an ITP? Yes No If so where? _____

Have you interpreted in the LGBTQA community before? _____

Nick Name: _____

How do you identify Yourself _____ Pro Noun Preferred: _____

I promise to abide by the tenets of the RID-NAD code of professional conduct for interpreters and will be professional and respectful of all people at MADIF events.

I have no objection to having my photo taken at events and being used for future publicity for MADIF.

Please include a copy of your resume including any LGBTQA performing arts experience and related workshops you have attended.

You must submit a IRS W-9 form before accepting any work from MADIF. A copy is included with this package.

OFFICE USE ONLY

Level of Skill _____ Pay Rate _____