Garland Independent School District

Translation & Interpretation Volunteer Community Outreach (TIVCO)

Program Application Form

(Please print or type)

VOLUNTEER INFORMATION

Name _____
Last First Middle

Home Address _____
Street Apt. #

_____
City State ZIP+4

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

REFERENCES

Name	Position/Relationship	Address	Phone Number

EXPERIENCE:

Provide information about your experience working with translation and/or interpretation.

Translation:	
Interpretation:	

LANGUAGES SPOKEN OTHER THAN ENGLISH:

- □ American Sign Language (ASL)
- □ Amharic
- □ Arabic
- □ Cambodian
- □ Hindi
- □ Igbo
- □ Korean
- □ Laotian
- □ Mandarin
- □ Malayalam
- □ Polish
- □ Somali
- □ Swahili
- □ Urdu
- □ Spanish
- □ Vietnamese
- □ Other _____

Please circle the days and indicate time you can volunteer: Mon. Tue. Wed. Thur. Fri. Sat.

Background check

ATTENTION

All volunteers must have their background check completed prior to providing any assistance to TIVCO. Submit the background check form and documentation to Maria Floyd mafloyd@garlandisd.net

Agreement

In consideration of my volunteer work, I agree to conform to the policies and rules of the Garland Independent School District. I have read the volunteer handbook and agree to uphold these principles in my volunteer work.

_____
VOLUNTEER SIGNATURE

_____
Campus Date